MAXIMUS Federal Services

Case Number:	CM15-0084598		
Date Assigned:	05/06/2015	Date of Injury:	06/23/2014
Decision Date:	06/05/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Florida
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a(n) 50 year old male, who sustained an industrial injury on 6/23/14. He reported pain in his right shoulder, forearm, wrist/hand and neck due to continuous trauma. The injured worker was diagnosed as having cervical radiculopathy, right wrist sprain and right shoulder impingement. Treatment to date has included chiropractic treatments, acupuncture and pain medications. As of the PR2 dated 3/25/15, the injured worker reports symptoms have improved slightly with treatment. Objective findings include a positive Tinel's and Phalen's test in the right wrist and tenderness to palpation in the right shoulder. The treating physician requested a right shoulder and right wrist ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right shoulder ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints Page(s): 214.

Decision rationale: MTUS guidelines states that "Ultrasonography for evaluation of rotator cuff - not recommended." The requesting physician did not document his rationale for requesting this particular study. Likewise, this request for a right shoulder ultrasound is not medically necessary.

Right wrist ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist, and hand.

Decision rationale: MTUS guidelines do not address wrist ultrasounds, and therefore the ODG guidelines were referenced. The ODG notes that ultrasound is recommended in the diagnosis of tendon injury. However, the provided records fail to suggest that the requesting physician is looking for a tendon injury. This patient had an EMG/NCS study that confirmed that he has carpal tunnel syndrome. Without further information from the requesting physician as to why this particular study is being requested, this request is not medically necessary.