

Case Number:	CM14-0219289		
Date Assigned:	01/09/2015	Date of Injury:	05/12/2011
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, California
 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:

This is a 62-year-old male patient who sustained a work related injury on 05/12/2011. He sustained the injury due to cumulative trauma. Diagnoses included adhesive capsulitis, left shoulder, status post arthroscopic surgery 07/28/2014, cervical radiculitis/radiculopathy secondary to herniated cervical disc positive MRI, lumbar radiculitis/radiculopathy secondary to herniated lumbar disc, carpal tunnel syndrome left and right positive Nerve Conduction Velocity-failed conservative care and altered mental status rule out Transient Ischemic Attack. According to a progress report dated 11/18/2014, he had left shoulder pain, cervical pain, left wrist and hand pain; altered mental status. The physical examination revealed restricted range of motion of the left shoulder and bilateral wrist and weakness of the bilateral hands. The medications list includes zanaflex, tylenol#3, ambien, xanax XR, prilosec and neurontin. Treatment plan included a request for authorization for a carotid Doppler ultrasound. The injured worker remained temporarily totally disabled. He has undergone left shoulder arthroscopic surgery on 07/28/2014. He has had EMG/NCS dated 5/24/2011 which revealed bilateral carpal tunnel syndrome, left chronic active C6-7 radiculopathy; MRI left shoulder on 6/1/2011 which revealed supraspinatus and infraspinatus tear. He has had physical therapy visits for this injury. On 12/16/2014, Utilization Review non-certified Carotid Doppler Ultrasound. According to the Utilization Review physician, the injured worker complained of altered mental status. However, there was no other rationale provided for the request for a carotid Doppler ultrasound. Physical examination of the injured worker did not reveal neurological symptoms or findings related to an altered mental status. Guidelines cited for this review included ACR-AIUM-SRU Practice

Parameter for the Performance of an Ultrasounds Examination of the Extracranial Cerebrovascular System, Indications. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Carotid Doppler Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Wardlaw JM, Chappell FM, Best JJ, Wartolowska K, Berry E, NHS Research and Development Health Technology Assessment Carotid Stenosis Imaging Group Lancet. 2006;367(9521):1503; and Non-MTUS PubMed Nederkoorn PJ, Mali WP, Eikelboom BC, Elgersma OE, Buskens E, Hunink MG, Kappelle LJ, Buijs PC, WÃ¼st AF, van der Lugt A, van der Graaf Y SO Stroke. 2002;33(8):2003.

Decision rationale: Per the records provided carotid doppler was requested for altered mental status. According to a progress report dated 11/18/2014, he had left shoulder pain, cervical pain, left wrist and hand pain; altered mental status. A detailed history of neurological symptoms-altered mental status with detailed neurological examination for which a carotid doppler ultrasound would be indicated is not specified in the records provided Any significant finding on physical exam that would require a carotid ultrasound is not specified in the records provided. Any blood tests done to evaluate other reasons for transient altered mental status like a metabolic panel were not specified in the records provided . Any imaging studies to evaluate the altered mental status were not specified in the records provided. The medical necessity of Carotid doppler ultrasound is not fully established in this patient.