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| Case Number: | CM15-0116741 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 03/15/2012 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained an industrial injury on March 15, 2012. She has reported pain in the coccyx and buttock area and has been diagnosed with compression contusion injury to the right shoulder with stiff shoulder, rule out internal derangement and diabetic frozen shoulder, musculoligamentous strain of the lumbar spine rule out herniated nucleus pulposus, and compression contusion injury of the coccyx, rule out infection. Treatment has included medications, physical therapy, acupuncture, exercise therapy, and behavioral therapy. There was tenderness noted over the right shoulder and lower back. Range of motion was decreased. The treatment request included an ultrasound bilateral SI joint and trochanteric bursa with possible injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Bilateral SI Joint and Trochanteric Bursa with Possible Injection:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, New Spine Chapter, page 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Ultrasound (Sonography).

Decision rationale: Regarding the request for ultrasound guided bilateral SI Joint and trochanteric bursa with possible injection, California MTUS does not address this issue. ODG states the indications for diagnostic ultrasound include scar tissue, adhesions, collagen fiber and muscle spasm, and the need to extend muscle tissue or accelerate the soft tissue healing. Within the documentation available for review, there is no indication that there is scar tissue, adhesions, collagen fiber and muscle spasm, or the need to extend muscle tissue or accelerate the soft tissue healing. In the absence of such documentation, the currently requested ultrasound guided bilateral SI Joint and trochanteric bursa is not medically necessary.