MAXIMUS Federal Services

Case Number:	CM15-0119307		
Date Assigned:	06/29/2015	Date of Injury:	04/27/2012
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts
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:

This is a 55 year old female with an April 27, 2012 date of injury. A progress note dated May 11, 2015 documents subjective complaints (bilateral elbow; right wrist pain; bilateral knee and right ankle pain; lower back pain into left buttock; pain rated at a level of 8/10), objective findings (decreased range of motion of the bilateral shoulders; positive crepitus; positive impingement; tenderness to palpation of the bilateral ankles; tenderness to palpation of the right wrist), and current diagnoses (cervical, thoracic, and lumbar spine sprain/strain with bilateral upper and lower extremity radiculopathy; shoulder impingement/strain; brachial neuritis or radiculitis; rotator cuff syndrome of the shoulder; chondromalacia of patella; medial epicondylitis; lateral epicondylitis). Portions of the progress note were difficult to decipher. Treatments to date have included elbow injections, medications, lumbar epidural steroid injections, and psychotherapy. The treating physician documented a plan of care that included a right shoulder ultrasound, a right De Quervain's injection, and bilateral ankle ultrasounds.

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 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Ultrasound, diagnostic and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p 13.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for radiating low back pain, bilateral knee, bilateral elbow, and right wrist and ankle pain. When seen, there was decreased shoulder range of motion with crepitus and positive impingement testing. There was lateral ankle tenderness. There was pain with right wrist range of motion with her foot compartment tenderness and positive Finkelstein testing. Norco and Prilosec were prescribed. Prior testing has included a diagnostic ultrasound of the right shoulder in June 2012. Diagnostic ultrasound of the shoulder and MRI have comparable high accuracy for identifying biceps pathologies and rotator cuff tears, and clinical tests have modest accuracy in both disorders. The choice of which imaging test to perform should be based on the patient's clinical information, cost, and imaging experience of the radiology department. Preoperative ultrasound examination of the shoulder permits a reliable diagnosis of complete rotator cuff tears and calcium deposits. In this case, the claimant has already had a diagnostic ultrasound of the shoulder. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. There are no reported physical examination findings that support the need for a repeat diagnostic ultrasound. Therefore the request is not medically necessary.

Right Dequervain injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Injection.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for radiating low back pain, bilateral knee, bilateral elbow, and right wrist and ankle pain. When seen, there was decreased shoulder range of motion with crepitus and positive impingement testing. There was lateral ankle tenderness. There was pain with right wrist range of motion with her foot compartment tenderness and positive Finkelstein testing. Norco and Prilosec were prescribed. Corticosteroid injection without splinting is the preferred initial treatment for De Quervain's tenosynovitis. Compared with nonsteroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate. In most patients, symptoms resolve after a single injection. In this case, the claimant does not appear to have had a prior injection. There are findings of dorsal compartment tenderness and positive Finkelstein testing. The requested injection is medically necessary.

Bilateral ankle ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Ultrasound, diagnostic.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for radiating low back pain, bilateral knee, bilateral elbow, and right wrist and ankle pain. When seen, there was decreased shoulder range of motion with crepitus and positive impingement testing. There was lateral ankle tenderness. There was pain with right wrist range of motion with her foot compartment tenderness and positive Finkelstein testing. Norco and Prilosec were prescribed. Indications for diagnostic ultrasound of the ankle include chronic foot pain with suspected tarsal tunnel syndrome or Morton's neuroma or, in a young athlete presenting with localized pain at the plantar aspect of the heel where plantar fasciitis is suspected. In this case, the physical examination findings reported do not support the presence of any of these diagnoses. The request is not medically necessary.