**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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

**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 43 year old female, who sustained an industrial injury on 11-8-2012. The injured worker is undergoing treatment for: amorphathic dermatomyositis. On 8-13-15, she was seen for follow up of dermatomyositis and had recently been in the hospital on 7-17-15 for treatment with IVIG. She reported feeling better with muscle pain and skin coloration. She also reported swollen painful legs. The provider noted her to have a fever and indicated she had denied sore throat, oral ulcers, dysuria, abdominal pain and diarrhea. Physical examination revealed lungs clear to auscultation, heart rate and rhythm regular, abdomen was soft non-tender and non-distended with normal bowel sounds, muscle weakness, her skin is noted to be "diffuse but subtle erythema with scaling on face, anterior and posterior trunk arms and legs, positive coalescing gottron's plaques, heliotrope rash is improved". On 10-14-15, she is noted to have had an abnormal mammogram. The treatment and diagnostic testing to date has included: blood work (3-8-13 and 7-19-15), IVIG (12-8-14), magnetic resonance imaging of the bilateral breast (10-13-15), electrodiagnostic studies (2-14-14), mammogram (February 2015), muscle biopsy (6-15-15) reported as revealing focal fiber necrosis. Medications have included: methotrexate, plaquenil, prednisone. Current work status: unclear. The request for authorization is for: breast ultrasound. The UR dated 9-8-2015: non-certified the request for a breast ultrasound.
IMR ISSUES, DECISIONS AND RATIONALES

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

Breast ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alisa N Femia Md. Dermatomyositis:

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, breast ultrasound is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are dermatomyositis following chemical exposure with shortness of breath September 2012. The injured worker started on prednisone December 2012. The injured worker had a mammogram. The results showed BiRads category 2 (benign non-cancerous) February 2015. Objectively, the physical examination contains normal vital signs, normal heart and lung examination, soft non-tender abdomen. There is no breast examination. The hard copy of the mammogram dated February 2015 was not enclosed in the medical record review. There was no clinical indication or rationale provided by the treating provider for a breast ultrasound. Additionally, there is no documentation indicating how breast ultrasound what impact the injured worker's treatment plan. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for a breast ultrasound and no documentation indicating how the ultrasound will impact the injured worker's treatment plan, breast ultrasound is not medically necessary.