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| Case Number: | CM15-0028296 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 05/02/2012 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/16/2015 |

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: New Jersey, New York
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 64 year old female, who sustained an industrial injury on May 2, 2012. She has reported pain in the neck, right shoulder and low back. The diagnoses have included lumbar disc protrusions, right lower extremity radiculitis, disorders of the bursae and tendons in the shoulder region and a brachial plexus lesion. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of pain in the neck, right shoulder and low back. The injured worker reported an industrial injury in 2012, resulting in chronic neck shoulder and back pain. She has been treated conservatively without resolution of the pain. Evaluation on January 13, 2015, revealed continued complaints of pain. An ultrasound to rule out TOS was requested. On February 4, 2015, Utilization Review non-certified a request for Ultrasound Right Scalene/ Right shoulder, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 16, 2015, the injured worker submitted an application for IMR for review of requested Ultrasound Right Scalene/Right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Right Scalene/Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ultrasound.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Thoracic Outlet Syndrome Diagnosis.

Decision rationale: The current request is considered not medically necessary. An ultrasound of the shoulder was ordered for the diagnosis of thoracic outlet syndrome. According to ODG guidelines, physical exam maneuvers and electrodiagnostic testing are useful for the diagnosis of TOS. An arterial ultrasound of the shoulder is not recommended. There is no mention of other imaging to diagnose TOS. Therefore, the request is considered not medically necessary.