

Case Number:	CM13-0044983		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2009
Decision Date:	12/10/2015	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	11/01/2013

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, New York

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Sports 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 patient is a 57-year-old female who reported an injury on 11/02/2009. The injury was noted to have occurred from poor ergonomics at work. The patient's diagnosis is noted as C5-6 degenerative disc with right-sided neuropathy/radiculopathy. Recent subjective complaints indicate neck pain. Her objective findings indicate decreased cervical spine range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI or ultrasound.

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

Decision rationale: According to the Official Disability Guidelines, clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be useful for the detection of full thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. The clinical information submitted for review failed to provide details regarding the request for an ultrasound of the shoulder. Her recent physical examination findings did not include any significant objective findings related to the shoulder. In the absence of significant clinical findings, the request for an ultrasound of the shoulder is not supported. As such, the request is not medically necessary.

Trigger point injection times 2 for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Trigger point injections Page(s): 122.

Decision rationale: According to the California MTUS Guidelines, trigger point injections may be recommended for patients with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, and radiculopathy is not present. The clinical information submitted for review failed to provide recent documentation of circumscribed trigger points or evidence upon palpation of a twitch response or referred pain. Additionally, the patient's diagnosis indicates that she does have radiculopathy. Therefore, the request for trigger point injections is not supported by guidelines. As such, the request is not medically necessary.