

Case Number:	CM13-0043496		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2013
Decision Date:	02/27/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 07/10/2013. The patient is diagnosed with cervical spine musculoligamentous sprain and strain with left upper extremity radiculitis, lumbar spine musculoligamentous sprain and strain, and left shoulder periscapular strain/tendinitis/impingement. The patient was seen by [REDACTED] on 09/30/2013. The patient reported intermittent shoulder pain. Physical examination of the left shoulder revealed tenderness to palpation, positive impingement test and cross arm test, and decreased range of motion. Radiographs of the left shoulder obtained on 09/30/2013 revealed severe acromioclavicular degenerative joint disease. Treatment recommendations included prescriptions for Voltaren XR, Omeprazole, and Fexmid, as well as acupuncture treatment, OrthoStim 4, MRI of the cervical spine, and a diagnostic ultrasound study of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for diagnostic ultrasound, left shoulder, DFR date 9/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter, Ultrasound, diagnostic.

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical documentation submitted, the patient underwent left shoulder x-rays on 09/30/2013, which indicated significant degenerative joint disease. Physical examination findings indicated slightly decreased range of motion and tenderness to palpation. Examination findings can be attributed to the degenerative joint disease findings on x-ray. Additionally, there is no evidence of a failure to respond to recent conservative treatment. Based on the clinical information received, the request is non-certified