MAXIMUS Federal Services

Case Number:	CM13-0065399		
Date Assigned:	01/17/2014	Date of Injury:	02/20/2011
Decision Date:	05/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopedic Surgery, 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 claimant is a 64-year-old female who was injured in a work related accident on February 20, 2011. The records provided for review indicate chronic neck and left upper extremity complaints since the injury date. Evaluation by [redacted] on November 14, 2013 indicated subjective neck and radiating left upper extremity complaints with hand numbness. Physical examination showed positive Tinel's testing at the left elbow and weakness with supraspinatus and external rotation to the left shoulder at 4/5. The claimant was diagnosed with cubital tunnel syndrome and shoulder impingement. There were recommendations for an intraarticular injection of corticosteroid and an ultrasound evaluation of the left shoulder for further assessment. Documentation of prior imaging to the shoulder is not noted. Treatment since the time of surgery has included physical therapy, carpal tunnel release surgery and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) ULTRASOUND OF THE LEFT SHOULDER BETWEEN 11/14/2013 AND 01/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

(ODG)--TREATMENT IN WORKERS COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - ULTRASOUND, DIAGNOSTIC.

Decision rationale: The role of ultrasound diagnostic testing to the left shoulder between November 14, 2013 and January 2, 2014 cannot be recommended as medically necessary. When looking at California ACOEM Guidelines and supported by Official Disability Guideline criteria, diagnostic ultrasound can be beneficial in situations where assessing for rotator cuff pathology. Unfortunately, there is no clinical imaging available for review in this individual with motor weakness noted to the supraspinatus and no documentation of pain complaint specific to the shoulder. Absence of prior diagnostic testing reports including previous plain film radiographs, the need for an acute ultrasound to the shoulder given the employee's current clinical picture would not be supported.

ONE (1) REQUEST FOR INJECTION OF THE LEFT SHOULDER BETWEEN 11/14/2013 AND 01/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: Based on California ACOEM Guidelines, the request for an injection to the left shoulder would not be indicated. ACOEM Guidelines recommend an injection after failure of conservative therapy, i.e., strengthening, exercises and non-steroidal medications for a Final Determination Letter for IMR Case Number CM13-0065399 4 two to three week period of time. Records do not indicate prior previous treatment to the left shoulder with last clinical assessment not demonstrating specific left shoulder pain complaints, and only the finding being of weakness on examination. The lack of documentation of previous conservative measures to the shoulder would fail to necessitate injection therapy.