

Case Number:	CM14-0004097		
Date Assigned:	02/05/2014	Date of Injury:	03/06/2013
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/10/2014

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 injured worker is a 65 year old female who reported an injury on 03/06/2013, due to an unknown mechanism. The clinical note dated 11/28/2013 was essentially illegible. It was possible to identify that the injured worker presented with tenderness to palpation, neck, right shoulder, and low back pain. There were no clear details of the examination and no clear evidence of what studies were done or what they revealed. The provider recommended a right shoulder ultrasound. The request for authorization form is dated 11/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ULTRASOUND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a right shoulder ultrasound is non-certified. The Official Disability Guidelines recommend a shoulder MRI for injured workers whose results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff

tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. There is a lack of evidence in the provided medical documents that would facilitate the need for an Ultrasound. The provider's report along with the physical exam findings for the injured worker were illegible. Therefore, the request is non-certified.