

Case Number:	CM14-0005982		
Date Assigned:	03/03/2014	Date of Injury:	06/24/2006
Decision Date:	08/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 is 52-year-old male who has submitted a claim for right shoulder/periscapular strain and impingement with degenerative acromioclavicular joint changes associated from an industrial injury date of June 24, 2008. Medical records from 2013 were reviewed, the latest of which dated December 10, 2013 revealed that the patient reports continues daily right shoulder moderate to severe pain and weakness, frequently with activity of daily living and when pushing, pulling and lifting. He reports that medication reduces pain level down to mild to moderate level. On physical examination of the right shoulder, there is limitation in range of motion with flexion to approximately 125 degrees, extension to approximately 32 degrees, adduction to approximately 32 degrees, abduction to approximately 142 degrees, internal rotation to approximately 62 degrees and external rotation to approximately 68 degrees. There is positive impingement test and crossover test in the right shoulder. Treatment to date includes medications: gabapentin, amitriptyline and Flector patch. Utilization review from December 18, 2013 denied the request for diagnostic ultrasound right shoulder because a more comprehensive clinical evaluation report which clearly documents pertinent findings in the right shoulder was not noted in the submitted records to support the current request; the patient was reported to have sustained his injury five years ago, but documentation pertaining to prior diagnostic test performed to evaluate his right shoulder was not provided to justify further diagnostic ultrasound investigation at this juncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ULTRASOUND 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Special Studies and Diagnostic and Treatment Considerations, page(s) 557-559, 561-563; Official Disability Guidelines (ODG), Shoulder Chapter, Ultrasound, diagnostic.

Decision rationale: As stated on page(s) 557-563 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, in most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. In addition, Official Disability Guidelines states that ultrasound of the shoulder in clinical examination 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. In this case, ultrasound of the right shoulder was requested to rule out impingement versus bursitis. However, there is no documented failure of conservative treatment. Furthermore, the most recent clinical evaluation does not document subjective or objective findings that would suggest new onset right shoulder pathology. The medical necessity for further investigation with ultrasound was not established. Therefore, the request for Diagnostic Ultrasound of the right shoulder is not medically necessary.