

Case Number:	CM14-0006455		
Date Assigned:	02/07/2014	Date of Injury:	01/31/2010
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 a 50-year-old female with a date of injury of 01/31/2010. The listed diagnoses per [REDACTED] are: 1. Status post left shoulder arthroscopy on April 2010. 2. Status post right shoulder subacromial arthroscopy on 01/23/2013. 3. Cervical spine strain. 4. Bilateral carpal tunnel syndrome status post injection x1 on left. 5. Anxiety, depression, and lack of sleep. 6. Medication-induced abdominal pain. According to the progress report 05/29/2013 by [REDACTED], the patient presents with right C-spine and bilateral shoulder pain. The patient reports 4-10 pain in various body parts. Exam showed 160 flexion, 150 abduction and positive impingement. EMG/NCS of the upper extremities revealed mild bilateral median sensory neuropathy at the wrist. Treater requested refill of medication and authorization for MRI of the right shoulder due to ongoing pain. On 10/07/2013, the patient reported an increase in bilateral shoulder pain with radiating pain to the shoulder blade. There was an MRI of the right shoulder on 06/21/2013 which showed full thickness of supraspinatus tendon. There are degenerative changes of the anterior-superior labrum. Mild bicep tendinosis and mild synovial hypertrophy noted. The treating physician requests medications and authorization for ultrasound of the right shoulder. Utilization review denied the request for the right shoulder ultrasound on 12/23/2013.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

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

Decision rationale: This patient presents with chronic neck and bilateral shoulder pain. The patient is status post right shoulder subacromial arthroscopy on 01/23/2013 and continues to have postoperative tenderness and pain. MRI of the right shoulder on 06/21/2013 revealed full thickness of supraspinatus tendons with degenerative changes. The ACOEM and MTUS do not discuss ultrasound of the shoulder for diagnostic use. ODG Guidelines has the following regarding ultrasound of the shoulder, "recommended as indicated below. The results of a recent review suggests that clinical examination by specialist can rule out the presence of rotator cuff tear and that either MRI or ultrasound can equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears, ultrasounds also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears." In this case, this patient has had an MRI of the shoulder on 06/21/2013 that showed full thickness of supraspinatus tendon. The treating physician in his progress report 10/07/2013 requested "authorization for ultrasound of right shoulder." It is unclear what further investigation the treating physician is trying to obtain with an ultrasound when an MRI has already taken place. The request is not medically necessary and appropriate.