

Case Number:	CM14-0009466		
Date Assigned:	02/14/2014	Date of Injury:	04/04/2012
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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 claim includes right shoulder pathology for which surgery had been approved on 4/04/12. Subsequent to this, left shoulder discomfort was submitted to the insurer as a compensatory injury. On 12/30/13 the Chiropractic primary treating physician (PTP) recommended a left shoulder diagnostic ultrasound. No specifics were documented regarding the recommended specific location of the testing nor was there any indication of expertise of the interpreting physician. Subsequently, on 3/5/14 the evaluating Orthopedic Surgeon reviewed the patient's clinical situation and documented that a left shoulder ultrasound could be justified, but there is no supporting rationale as to why this would be superior to an MRI (magnetic resonance imaging).

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND OF LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Acute and Chronic, Diagnostic Ultrasound.

Decision rationale: The MTUS/ACOEM is not supportive of diagnostic ultrasounds and considers it inferior to MRI (magnetic resonance imaging) testing. The Official Disability Guidelines (ODG) reviews this in additional detail and with more up to date information. The ODG states that diagnostic ultrasound of the shoulder is a reasonable alternative to MRI testing for the rotator cuff only. However, at this point and time there is inadequate information to consider this as a medically necessary test versus MRI testing which looks at a broader range of pathology. Many radiologists are not specifically trained or experienced in shoulder diagnostic ultrasound testing and it is not clear that the initial request from the chiropractor would have been interpreted by a Board Certified Radiologist. Without additional documentation, the test would not be medically necessary versus well accepted alternatives i.e. MRI testing. As such, the request is not certified.