

Case Number:	CM14-0018748		
Date Assigned:	04/18/2014	Date of Injury:	11/26/2012
Decision Date:	06/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Oklahoma. 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:

This 49-year-old female sustained an industrial injury on November 26, 2012. Mechanism of injury occurred when she was cleaning a machine and felt a stretching injury to the right shoulder, elbow and right wrist. The diagnoses include right shoulder impingement syndrome, right lateral epicondylitis, and tendinitis of lateral collateral ligament stretch injury with right wrist synovitis. MRI of the right shoulder on August 16, 2013 showed evidence of mild degenerative changes involving the acromioclavicular joint without encroachment upon the supraspinatus with the supraspinatus tendon found to be completely within normal limits with no signal changes appreciable. Similar findings involving infraspinatus, teres minor and subscapularis were appreciable. The evaluation on August 19, 2013 details the right shoulder flexion 150°, abduction 125°, and external rotation 25° with internal rotation limited. Tenderness over the anterior rotator cuff was noted. Impingement sign, Hawkin's test, and drop arm test were positive with mild pain. Jobe's sign noted mild pain with weakness. Ultrasound of the shoulder suggested subacromial bursitis with intact rotator cuff while Doppler exam of the right upper extremity showed no evidence of any deep venous thrombosis and mild bursitis. Ultrasound guided cortisone injection of the right shoulder was recommended into the subacromial space along with wrist bracing for the wrist condition and anti-inflammatory medications. Reevaluation on January 21, 2014 indicated that the injection helped, but her pain continues with overhead activities. Clinical evaluation detailed limited motion of the cervical spine with some degree of pain. Right shoulder exam demonstrated mild tenderness over the anterior rotator cuff. Positive impingement, Hawkins sign, and drop arm produce pain and weakness. Request was made for the right shoulder arthroscopy decompression secondary to persistent symptoms, failing anti-inflammatory medications, physiotherapy and cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ULTRASOUND/DOPPLER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-RIGHT SHOULDER ULTRASOUND.

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 Section.

Decision rationale: According to the Official Disability Guidelines (ODG), Ultrasound Shoulder is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. Its accuracy for operatively treated shoulders appears to be comparable with that previously reported for shoulders that had not been operated on. For Venous thrombosis, it is recommended to monitor the risks of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The medical records document the patient diagnosed with right shoulder impingement syndrome, the patient had right shoulder arthroscopy in 2001, the patient underwent another right shoulder arthroscopy sometimes in February 2014 as indicated by pre-op note and the supplemental orthopedic report dated 3/4/2013. The patient had two previous Ultrasound right shoulder studies with Doppler, 1st was dated 8/19/2013 which revealed intact rotator cuff and no deep vein thrombosis, the 2nd was dated 12/31/2013 which revealed interstitial tearing of the rotator cuff and no deep vein thrombosis. In the absence of documented unilateral pitting edema and elevation of D-dimer, the request is not medically necessary according to the guidelines.