

Case Number:	CM14-0118862		
Date Assigned:	08/06/2014	Date of Injury:	04/25/2014
Decision Date:	12/31/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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 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:

This 57 year-old truck driver sustained an injury on 4/25/14 from pulling a rack while employed by [REDACTED]. Job duty include load/unloading newspapers. Request(s) under consideration include Retro Ultrasound Right Shoulder (no DOS given). Report of 4/25/14 from a provider noted the patient with ongoing neck and shoulder pain, constant and moderate, increased with movement; relieved with rest; associated with some tingling in the fingers. Exam showed neck with tenderness at right paracervical area; no midline tenderness; tenderness at right shoulder over bicep tendon; intact sensation, normal DTRs, and good strength of biceps with resisted arm extension; range limited with abd of 70 degrees. Diagnoses include right shoulder strain; cervical strain. Treatment with Toradol IM, medications. Report of 7/1/14 from the orthopedic provider noted patient with right shoulder pain. Exam showed negative Spurling's; no paraspinal tenderness; no trapezius or sternocleidomastoid tenderness; range of flex/ext/ left rotation/ right rotation/ lateral bending of 40/45/55/55/45 degrees; negative Adson's, Roos test and negative foraminal compression test; 5/5 motor strength throughout; intact sensation in all dermatomes with symmetrical DTRs; right shoulder with 4/5 abd and ER otherwise 5/5 strength; range of flex/abd/ER/IR of 150/140/20/ L3; tender over anterior rotator cuff and proximal biceps; positive provocative testing. The provider noted the patient has right shoulder ultrasound that showed partial thickness rotator cuff tearing and interstitial tearing; Doppler of right shoulder showed moderate subacromial bursitis; no DVT (both studies appear to be done in-office). Treatment noted patient was provided with ultrasound-guided cortisone injection in the right shoulder at same office visit. The request(s) for Retro Ultrasound Right Shoulder (no DOS given) was non-certified on 7/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ultrasound Right Shoulder (no DOS given): 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, Ultrasound (diagnostic), page 952

Decision rationale: This 57 year-old truck driver sustained an injury on 4/25/14 from pulling a rack while employed by [REDACTED]. Job duty include load/unloading newspapers. Request(s) under consideration include Retro Ultrasound Right Shoulder (no DOS given). Report of 4/25/14 from a provider noted the patient with ongoing neck and shoulder pain, constant and moderate, increased with movement; relieved with rest; associated with some tingling in the fingers. Exam showed neck with tenderness at right paracervical area; no midline tenderness; tenderness at right shoulder over bicep tendon; intact sensation, normal DTRs, and good strength of biceps with resisted arm extension; range limited with abd of 70 degrees. Diagnoses include right shoulder strain; cervical strain. Treatment with Toradol IM, medications. Report of 7/1/14 from the orthopedic provider noted patient with right shoulder pain. Exam showed negative Spurling's; no paraspinal tenderness; no trapezius or sternocleidomastoid tenderness; range of flex/ext/ left rotation/ right rotation/ lateral bending of 40/45/55/55/45 degrees; negative Adson's, Roos test and negative foraminal compression test; 5/5 motor strength throughout; intact sensation in all dermatomes with symmetrical DTRs; right shoulder with 4/5 abd and ER otherwise 5/5 strength; range of flex/abd/ER/IR of 150/140/20/L3; tender over anterior rotator cuff and proximal biceps; positive provocative testing. The provider noted the patient has right shoulder ultrasound that showed partial thickness rotator cuff tearing and interstitial tearing; Doppler of right shoulder showed moderate subacromial bursitis; no DVT (both studies appear to be done in-office). Treatment noted patient was provided with ultrasound-guided cortisone injection in the right shoulder at same office visit. The request(s) for Retro Ultrasound Right Shoulder (no DOS given) was non-certified on 7/15/14. Guidelines state routine MRI or ultrasound is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated without specific neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination. Unequivocal findings that identify specific internal derangement or surgical lesion is sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the ultrasound. The patient was reported to be working full duty without demonstrated ADL limitations or failed conservative treatment with

pharmacological or therapy modalities. Although MRI or ultrasound could equally be used for detection of rotator cuff tear; however, accuracy and evaluation of rotator cuff integrity is very operator dependent requiring skilled sonographers, with inconsistent results. The Retro Ultrasound Right Shoulder (no DOS given) is not medically necessary and appropriate.