

Case Number:	CM14-0131088		
Date Assigned:	08/20/2014	Date of Injury:	05/04/2013
Decision Date:	09/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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:

According to the records made available for review, this is a 40-year-old female with a 5/4/13 date of injury. At the time (7/17/14) of the request for authorization for therapeutic U/S for right shoulder pain, there is documentation of subjective (continued right shoulder pain) and objective (abduction 160 degrees, flexion 170 degrees, tenderness to palpation anterior aspect of right shoulder, positive O'Brien) findings, current diagnoses (right shoulder injury, shoulder sprain/strain, shoulder joint pain, acromioclavicular osteoarthritis right, and right rotator cuff tendonitis of the right shoulder), and treatment to date (medication and TENS). There is no documentation of calcifying tendonitis of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic ultrasound for right shoulder pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound Page(s): 123.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

Decision rationale: MTUS reference to ACOEM guidelines identifies some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendonitis of the shoulder. ODG identifies ultrasound provided clinically important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term. Within the medical information available for review, there is documentation of diagnoses of right shoulder injury, shoulder sprain/strain, shoulder joint pain, acromioclavicular osteoarthritis right, and right rotator cuff tendonitis of the right shoulder. However, there is no documentation of calcifying tendonitis of the shoulder. Therefore, based on guidelines and a review of the evidence, the request for therapeutic U/S for right shoulder pain is not medically necessary.