

Case Number:	CM14-0153453		
Date Assigned:	09/23/2014	Date of Injury:	10/10/1989
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 Iowa. 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 patient is a 51 year old female employee with date of injury of 10/10/1989. Medical records indicate the patient is undergoing treatment for bilateral shoulder slight impingement syndrome with the presence of periscapular myofascial strain. Subjective complaints include bilateral shoulder pain, greater right side than left. Objective findings include physical exam revealing normal symmetry and contour with no swelling, atrophy, or deformity; tenderness to palpation over subacromial region extending over anterior capsule and supraspinatus tendon; diffuse tenderness present over periscapular musculature extending over upper trapezius muscles with presence of bilateral upper trapezial myofascial trigger points, right side greater than left; joint crepitus also noted; impingement test and Cross Arm test slightly positive, right greater than left; CodeSman's Drop Arm test and Apprehension test negative. Lumbar spine has tenderness to palpation with muscle guarding and spasm present over the thoracolumbar junction and paraspinal musculature extending over the lumbosacral junction, left greater than right. Localized tenderness noted over the left sacroiliac joint. Straight leg test, both supine and seated elicits low back pain. Sacroiliac stress test is positive on the left eliciting pain. Treatment has consisted of home exercise program. Medications have included Norco, Voltaren, and Flexmed. The utilization review determination was rendered on 9/4/2014 recommending non-certification of one left shoulder diagnostic ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Left Shoulder Diagnostic Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound Diagnostic

Decision rationale: ACOEM states 'Primary criteria for ordering imaging studies are: - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). ODG states "Recommended as indicated below. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. (Dinnes, 2003) Ultrasound 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. (Prickett, 2003) The rotator cuff and its environment can be imaged in many ways. In the hands of a few skilled sonographers, shoulder ultrasound has achieved remarkable success and accuracy. However, in many cases, radiologists are not equipped with the skill or time to provide this imaging modality to orthopedists. (Newberg, 2000) (Blankstein, 2005) A recent study found that ultrasound correctly identified 103 of 104 complete rotator cuff tears (sensitivity: 0.99--specificity: 0.99--accuracy: 98.7%). Preoperative ultrasound examination of the shoulder permits a reliable diagnosis of complete rotator cuff tears and calcium deposits (calcific tendinitis). The method is less sensitive but sufficiently reliable for the diagnosis of partial rotator cuff tears and pathology of the long biceps tendon. Examiner experience plays an important role in these special cases. The treating physician provided no clinical documentation of a rotator cuff tear, evidence of an acute injury, reinjury or red flags. In addition, the patient reported benefits from physical therapy to the shoulders. As such the request for One left shoulder diagnostic ultrasound is not medically necessary.