

Case Number:	CM14-0021618		
Date Assigned:	05/05/2014	Date of Injury:	06/30/2008
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery 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 63-year-old male grinder/machinist sustained an industrial injury on 6/30/2008, when he was struck by an object. The patient underwent anterior cervical discectomy/fusion at C4/5 on 2/3/09. The 12/28/10 bilateral shoulder diagnostic ultrasound showed evidence of a small right shoulder full-thickness rotator cuff tear of the supraspinatus tendon with associated hypertrophic degenerative changes of the right acromioclavicular joint, subacromial/subdeltoid bursitis, and a probable chronic tear of the long head of the biceps tendon. Records indicated that the patient was deemed permanent and stationary on 1/4/13 and was discharged from orthopedic care. Future medical noted PQME recommendations limited to injections for shoulder flare-ups without surgery. The treating physician opined the need for further shoulder surgery. The 1/15/14 treating physician report indicated the patient presented on 1/13/14 with persistent worsening right shoulder pain, moderate to severe, with associated stiffness and swelling, increased with activities of daily living. Physical exam findings documented slight diffuse swelling, slight atrophy of shoulder girdle musculature, and tenderness to palpation subacromial region extending over the anterior capsule, acromioclavicular joint, and supraspinatus tendon. Diffuse tenderness was noted over the periscapular and upper trapezius musculature with associated slight to moderate muscle guarding, and positive impingement, cross arm and drop arm tests. There was 4/5 weakness in shoulder flexion, abduction, and external rotation. Right shoulder range of motion was 120 degrees flexion, 40 degrees extension, 94 degrees abduction, 35 degrees adduction, 56 degrees internal rotation, and 69 degrees external rotation. Right shoulder x-rays on 1/13/14 were normal. The treatment plan recommended a shoulder surgical consultation and updated diagnostic ultrasound of the right shoulder to assess for worsening in anticipation of the surgical consult. The 1/23/14 utilization review denied the request for right

shoulder diagnostic ultrasound as the medical necessity was not apparent based on the 1/13/14 handwritten, partially illegible progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER DIAGNOSTIC ULTRASOUND: 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).

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.

Decision rationale: Under consideration is a request for right shoulder diagnostic ultrasound. The California MTUS does not provide recommendations for diagnostic ultrasound in chronic shoulder injuries. The Official Disability Guidelines state 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. In general, repeat diagnostic studies are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has presented with a flare of his chronic shoulder injury. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed to resolve the symptoms of this flare. Physical exam findings of the 1/15/14 evaluation are essentially unchanged from the 1/4/13 permanent and stationary report. There is no evidence of a significant change in symptoms or findings to warrant a repeat study at this time. Therefore, these requests for right shoulder diagnostic ultrasound in not medically necessary.