

Case Number:	CM14-0029188		
Date Assigned:	06/20/2014	Date of Injury:	09/17/2008
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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 Orthopaedic 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:

The injured worker is a 36-year-old female who was reportedly injured on September 17, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 7, 2014, was difficult to read. A previous note, dated October 31, 2013, indicated that there were ongoing complaints of left shoulder and upper back pain. The physical examination of the left shoulder demonstrated tenderness of the subacromial region and the acromioclavicular joint. There was also diffuse tenderness of the periscapular muscles and upper trapezius. There was subacromial crepitus with passive range of motion. There was a positive cross-arm test and decreased active range of motion. Muscle strength was rated to be 4/5. There was decreased sensation along the median nerve distribution, and upper extremity reflexes were reported to be 2+. There were diagnoses of status post left shoulder arthroscopy, cervical spine sprain/strain, left wrist tenosynovitis, carpal tunnel syndrome and insomnia secondary to chronic pain. Previous treatment included oral medications, home exercise and acupuncture as well as left shoulder arthroscopic surgery performed on September 21, 2011. A request had been made for an urgent ultrasound of the left shoulder and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Ultrasound of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Pages 561-583 Official Disability Guidelines Shoulder (updated 01/20/2014) Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the medical records provided, the previous left shoulder surgery, performed on September 21, 2011, consisted of a subacromial decompression, distal clavicle resection, extensive debridement of superior degenerative SLAP tear and extensive debridement of a partial thickness supraspinatus tendon tear. The medical record, dated October 13, 2013, noted diffuse tenderness about the left shoulder and decreased range of motion. It is unclear why this physical examination would justify an urgent ultrasound of the shoulder. There has not been a new abrupt change reported regarding the injured employee's left shoulder condition. Ultrasound imaging of the shoulder is not recommended. For these multiple reasons, this request for an urgent ultrasound of the left shoulder is not medically necessary.