

Case Number:	CM14-0040890		
Date Assigned:	06/27/2014	Date of Injury:	05/29/2001
Decision Date:	08/19/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 72-year-old female was reportedly injured on May 29, 2001. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 25, 2014, indicates that there are ongoing complaints of right shoulder pain and neck pain. The physical examination demonstrated tenderness in the sub occipital region with guarding and muscle spasms. There was pain at the right upper extremity with axial compression and decreased sensation at the right C8 dermatomes. Examination of the right shoulder noted tenderness at the upper trapezius, rotator cuff muscles and subacromial region. A cm nodule was noted at the right shoulder as well near the prior surgical site. Diagnostic imaging studies were not reviewed at this visit. Previous treatment includes acupuncture and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture visits, QTY: 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 13 of 127 Page(s): 13 OF 127.

Decision rationale: According to the attached medical record the injured employee has had prior treatment with acupuncture at some point in the past with good relief. Considering this, the request for six acupuncture visits is medically necessary.

Ultrasound for the right shoulder: 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 and Chronic).

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, Updated July 29, 2014.

Decision rationale: According to the Official Disability Guidelines a recent review suggests that a 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 tears although ultrasound may be better at picking up partial tears. The most recent physical examination dated March 25, 2014, does not indicate the presence of a rotator cuff tear. Therefore this request for an ultrasound of the right shoulder is not medically necessary.