

Case Number:	CM14-0054236		
Date Assigned:	07/07/2014	Date of Injury:	12/31/2012
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 61 year old female was reportedly injured on December 31, 2012. The mechanism of injury is stated to be a cumulative trauma. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of low back pain, neck pain, and right shoulder pain. The physical examination demonstrated no tenderness or spasms of the cervical spine, near full cervical spine range of motion and a normal upper extremity neurological examination, the shoulders displayed full range of motion, positive right sided impingement sign and deltoid muscle strength was rated at 4/5. The examination of the lumbar spine noted decreased range of motion and spasms. There was a normal lower extremity neurological examination. Diagnostic nerve conduction studies of the upper extremities indicated mild to moderate bilateral carpal tunnel syndrome. Previous treatment includes physical therapy, chiropractic care, oral medications, and home exercise. A request was made for a diagnostic ultrasound of the right shoulder and was not certified in the preauthorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

retroactive diagnostic ultrasound right shoulder (date of service not provided): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 August 27, 2014.

Decision rationale: According to the medical record the injured employee has previously participated in physical therapy, and chiropractic care for the right shoulder. Right shoulder pain persisted and there was weakness with abduction on physical examination. The Official Disability Guidelines states that a diagnostic ultrasound of the shoulder can rule out the presence of a rotator cuff tear. Considering this, the request for a Diagnostic Ultrasound of the Right Shoulder is medically necessary.