

<b>Case Number:</b>	CM14-0075578		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Occupational Medicine, 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:

There were 31 pages provided for this review. There was a Doctor's First Report of Injury or Illness. She states that she types all day long. She is also required to walk up and down stairs as well as lift and carry boxes of records weighing about 10 pounds. Beginning about early 2012, she had an onset of bilateral knee pain reportedly from prolonged sitting, walking up and down stairs as well as lifting and carrying boxes of records. There was an onset of right shoulder, right wrist and forearm, neck, middle and low back pain secondary to work-related activities. She thought her complaints would go away so she did not report them. She continued working with ongoing and worsening complaints. Then in 2012 she sought evaluation. She was given medicines and was sent back home with some work restrictions. She took cortisone pills and oral non-steroidal anti-inflammatories. In mid-2013, the family doctor diagnosed frozen shoulder and gave her a cortisone injection which gave about 50% of relief for three months. The pain was 10 out of 10 prior to the administration of the injection and it went down to five out of 10. After three months and went back to seven out of 10. She received a platelet injection to the right shoulder. The subjective complaints were neck and back pain, bilateral knee pain, right shoulder pain, bilateral elbow forearm and wrist/hand pain, anxiety and depression, gastrointestinal distress and a history of anxiety depression and insomnia. The cervical spine showed a complete straightening of the cervical orthotic curvature. The lumbar spine showed degenerative facet disease. The medicines included Norco. There was an addendum to [REDACTED] First Report dated April 9, 2014. The physical exam looked largely negative. He believes that the patient's cervical, thoracic, lumbar, right shoulder, bilateral knees and bilateral upper extremity and elbow findings were work-related due to continuous trauma. Extensive requests for authorization were listed. There was an application for independent medical review for the nerve conduction study of the right upper extremity. There was one for an internal medicine consultation and one

for an ultrasound of the right shoulder. There were several notes from the [REDACTED] center. The assessments as of October 30, 2013 were headache, cervical myofasciitis, right shoulder pain and neck pain, thoracolumbar mild fasciitis, history of celiac disease and anxiety. They wish to have a cervical and right shoulder MRI. She should have nerve conduction studies and electromyograms of the right upper extremity. She should have massage, ultrasound, and packs. They will consider steroid injection, biofeedback, and psychotherapy and she may need a tranquilizer such as Ativan.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ultrasound of the Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp 18th Edition, 2013 Updates

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, under Diagnostic Ultrasound

**Decision rationale:** The MTUS is silent on this request. The ODG notes regarding shoulder ultrasound 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). In this case, however, the provider is also requesting a shoulder MRI. One or the other would be reasonable, but not both. The request is not medically necessary.