

Case Number:	CM13-0044090		
Date Assigned:	06/09/2014	Date of Injury:	03/14/2012
Decision Date:	02/19/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 44-year-old female with a date of injury of 03/14/2012. According to progress report dated 09/16/2013, the patient presents with bilateral shoulder pain and low back pain that radiates to the bilateral lower extremities with numbness and tingling along the leg especially at night. Examination of the lumbar spine revealed tenderness upon palpation of the paraspinal muscles. Range of motion was decreased on all planes. Kemp's test is positive. Straight leg raise test is positive bilaterally and produced back pain at 50 degrees. Femoral stretch test bilaterally produces pain as well. Examination of the shoulders revealed tenderness upon palpation of the right shoulder and AC joints are tender. Supraspinatus and greater tuberosity also are tender. Range of motion was decreased in all planes on the right. Codman's test is positive. The listed diagnoses are: 1. Lumbar disk herniation without myelopathy. 2. Lumbar radiculitis with radiculopathy. 3. Right shoulder bursitis (subacromial). 4. Right shoulder bicep tendon tear. 5. Possible severe right shoulder impingement syndrome. 6. Possible right shoulder rotator cuff tear. Under treatment plan, the treating physician states that the patient is recommended to have an orthopedic surgery for her rotator cuff tear. The patient was prescribed 24 sessions of physical therapy, medications, urinalysis for toxicology, and the "patient is recommended to obtain an ultrasound." The utilization review denied the request on 10/17/2013. Medical file provided for review includes progress report dated 07/18/2013 and 09/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound (specific body part not indicated): 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), Shoulder (updated 6/12/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Ultrasound, diagnostic low back chapter has the following regarding ultrasound, diagnostic (imaging).

Decision rationale: This patient presents with bilateral shoulder and low back complaints. The current request is for ultrasound (specific body part not indicated). Progress report dated 09/06/2013 under treatment plan states "the patient is recommended to obtain an ultrasound." The treating physician does not specify if the recommendation for ultrasound is for the lower back or shoulder complaints. The ODG Guidelines under its shoulder chapter has the following regarding ultrasound of the shoulder, "Recommended as indicated below. The results of a recent review suggest that clinical examination by specialist can rule out the presence of rotator cuff tear and that either MRI or ultrasound can equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears, ultrasounds also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears." The ODG Guidelines under its low back chapter has the following regarding ultrasound, diagnostic (imaging), "not recommended for diagnosis of low back conditions. In uncomplicated low back pain, its use would be experimental at best." In this case, the treating physician states that the patient has rotator cuff tear. It is unclear what further investigation the treating physician is trying to obtain with an ultrasound as the patient has already been indicated for rotator cuff repair. Regarding the lumbar spine, ODG does not recommend ultrasound for low back conditions. The request for Ultrasound is not medically necessary.