

Case Number:	CM14-0103659		
Date Assigned:	07/30/2014	Date of Injury:	05/26/1998
Decision Date:	07/24/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/06/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 5/26/1998. Diagnoses have included shoulder pain, glenohumeral arthritis and failed glenoid right shoulder. Treatment to date has included right shoulder surgery, physical therapy and medication. According to the progress report dated 5/28/2014, the injured worker was over six weeks status post removal of his loose glenoid and bone grafting of the bone defects. He reported an episode where he was carrying a plate and the plate started to fall so he jerked his arm forward to catch it. The day after that, he was hosing off his golf cart and felt a pop and increased pain in his arm. Physical exam showed a little bit of distal retraction of the biceps, but not a large amount. He had a weak abdominal push. The physician concern was for possible biceps rupture versus subscapularis repair disruption. Authorization was requested for a right shoulder ultrasound evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a right shoulder ultrasound evaluation, 6/6/2014: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder pain and pg 41.

Decision rationale: According to the guidelines, Ultrasonography and magnetic resonance imaging have comparable high accuracy for identifying biceps pathologies and rotator cuff tears, and clinical tests have modest accuracy in both disorders. In this case, the clinical history and exam are consistent with possible rupture and the request for an ultrasound of the biceps is appropriate and medically necessary.