

Case Number:	CM14-0198510		
Date Assigned:	12/08/2014	Date of Injury:	06/28/2014
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehabilitation, 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:

The underlying date of injury in this case is 06/28/2014. The date of the utilization review under appeal is 11/10/2014. The patient's working diagnosis is a cervical sprain. On 11/03/2014 the treating physician saw the patient in follow-up and noted that the patient had ongoing shoulder pain with impingement signs and limited motion. The treating physician felt that rotator cuff pathology was part of the differential diagnosis. An initial physician review on 11/10/2014 notes that the patient had a possible diagnosis of a rotator cuff syndrome with a mechanism of injury of a fall. That report notes that x-rays were within normal limits and notes that the treatment guidelines do not support ultrasound studies to evaluate rotator cuff pathology. Therefore, the request was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dx Ultrasound of the bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic Ultrasound.

Decision rationale: ACOEM Guidelines, Chapter 9, Shoulder, page 209 discusses the ability of various techniques to identify and define shoulder pathology. This table discusses MRI imaging or arthrography to diagnose a rotator cuff tear; however, the guideline is silent on the question of diagnostic ultrasound. However, Official Disability Guidelines/Treatment in Workers Compensation Shoulder discusses diagnostic ultrasound and states that ultrasonography and magnetic resonance imaging have "comparable high accuracy" for identifying biceps pathologies and rotator cuff tears and notes that ultrasound can reduce the time from referral to definitive diagnosis and management. Thus, in this situation where the medical treatment utilization schedule is silent on a given diagnosing modality, Official Disability Guidelines supports the modality favorably, the treatment can be considered to be supported overall by the guidelines. Therefore, the request for a diagnostic ultrasound of the shoulders is medically necessary.