

Case Number:	CM14-0202355		
Date Assigned:	12/12/2014	Date of Injury:	07/08/2011
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 49 year old male with an injury date on 7/8/11. The patient complains of right shoulder pain rated 4/10 per 10/28/14 report. The patient also reports locking of his jaw, and decreased radiating symptoms to the right upper extremity, and decreasing headaches per 10/28/14 report. The patient underwent a second cervical epidural steroid injection at C5-6 and C6-7 on 9/22/14 with 50% improvement in right upper extremity and improved headaches per 10/9/14 report. The patient had to take medication for headaches daily, but after the epidural steroid injection, he only has to take medication for headaches every 3-4 days per 10/9/14 report. Based on the 10/28/14 progress report provided by the treating physician, the diagnoses are: 1. cervical disc disease 2. cervical radiculopathy 3. right shoulder impingement syndrome A physical exam on 10/28/14 showed "C-spine range of motion is limited in rotation by 5 degrees, but extension is 5 degrees over normal. Right shoulder range of motion is limited with extension 40/50." The patient's treatment history includes medications, epidural steroid injection to C5-6 and C6-7, home exercise program. The treating physician is requesting ultrasound of the right shoulder. The utilization review determination being challenged is dated 11/25/14. The requesting physician provided treatment reports from 4/10/14 to 10/28/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

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

Decision rationale: This patient presents with right shoulder pain, locking of his jaw, right upper extremity pain, headaches. The treater has asked for ultrasound of the right shoulder on 10/28/14 "to further evaluate the patient." The 10/28/14 report states the patient "has been authorized for orthopedic consultation, but the primary physician is awaiting diagnostic ultrasound study of the right shoulder to properly formulate a treatment plan." X-ray of right shoulder on 1/23/12 indicates there was slight AC hypertrophy per utilization review letter dated 11/25/14. MR arthrogram of right shoulder dated 9/8/11 reveals "findings of adhesive capsulitis with diminished joint capacity, prominent anterior synovitis, and extensive extravasation of contrast through the subscapularis recess. Mild tendinosis of the distal infraspinatus and supraspinatus tendons" per utilization review letter dated 11/25/14. The original X-ray and MR arthrogram results were not included in provided reports. No MRI of the right shoulder was found in reports. Regarding ultrasound of the right shoulder, ODG states: "Recommended as indicated below. The results of a recent review suggest 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." ODG supports pre-operative use of U/S and states that it has comparable high accuracy with MRI. In this case, the patient is s/p cervical epidural steroid injection with improved range of motion and decrease in radicular symptoms of right upper extremity. The patient has continued shoulder pain, and the treater has requested an ultrasound of the right shoulder to further evaluate symptoms. The prior X-ray and MR arthrogram, however, show degenerative changes in the patient. A further ultrasound of the right shoulder does not appear to be necessary, and there is not a discussion regarding the necessity of the request. There is no new injury, new exam findings or change in clinical presentation. The requested diagnostic ultrasound of the right shoulder is not medically necessary.