

Case Number:	CM14-0207434		
Date Assigned:	12/19/2014	Date of Injury:	06/14/2013
Decision Date:	02/17/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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 Emergency Medicine and is licensed to practice in New York. 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 44-year-old female who was injured on June 14, 2013. The patient continued to experience pain in neck and bilateral shoulders. Physical examination was notable for intact sensation of the bilateral upper extremities, normal motor strength, tenderness in the bilateral trapezius muscles, and negative impingement sign bilaterally. Diagnoses included right shoulder partial rotator cuff tear, left shoulder rotator cuff tendinitis, right tennis elbow, and mild bilateral upper trapezius group strain. Treatment included physical therapy, chiropractic therapy acupuncture, medications, and surgery. Requests for authorization for ultrasound right shoulder and NCV/EMG right upper extremity were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound, diagnostic

Decision rationale: Per guidelines, primary criteria for ordering imaging studies of the shoulder are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases when surgery is being considered for a specific anatomic defect (e.g. full-thickness rotator cuff tear) or to further evaluate the possibility of potentially serious pathology, such as a tumor. In this case there is no documentation that the injured worker has had a change in symptoms, that a red flag is present, or that surgery is anticipated. Diagnostic ultrasound is recommended to rule out the presence of a rotator cuff tear. 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. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. 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. In this case the documentation on physical examination does not support that the diagnosis of rotator cuff tear. In addition there is no documentation of red flags or that surgery is anticipated. There is no indication for right shoulder ultrasound. The request is not medically necessary.

Electromyography/Nerve Conduction Velocity (EMG/NCV) of Right Upper Extremities:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Per guidelines, electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the injured worker is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. Additional documentation does not support that there had been a significant change in the injured worker's condition. Medical necessity has not been established; therefore, the request is not medically necessary.