

Case Number:	CM15-0107530		
Date Assigned:	06/12/2015	Date of Injury:	12/16/2013
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 78-year-old male, who sustained an industrial injury on 12/16/2013. He reported right shoulder, neck, thoracolumbar spine, and right elbow, and right foot pain. The injured worker was diagnosed as having status post right shoulder arthroscopy, including subacromial decompression, acromioplasty, and supraspinatus tendon repair with rotator cuff repair/adhesive capsulitis/status post healed mid-humerus fracture. Treatment to date has included medications, chiropractic care. The request is for MR arthrogram of right shoulder, and ultrasound study of right elbow. On 4/7/2015, he indicated improvement of pain. He rated his pain 7/10. On 5/26/2015, physical examination revealed post-operative changes, tenderness of the right shoulder area. Testing revealed a positive apprehension. Examination of the right elbow revealed tenderness and positive Bent elbow and Tinel's tests. The treatment plan included: MR arthrogram of the right shoulder and ultrasound of the right elbow, and right shoulder subacromial injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of Right Shoulder: Upheld

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): 207-209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: The MTUS state that most patients do not require imaging. Below are the recommended criteria. Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. They further go on to state that "In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases:" When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. The ODG states that ultrasound of the elbow is "Recommended as indicated below. Ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI. (ACR, 2001) (Wiesler, 2006) See also ACR Appropriateness Criteria. " Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. (Levin, 2005) Limited evidence shows that diagnostic sonography may not be effective in predicting response to conservative therapy for tennis elbow. (Struijs, 2005) Indications for imaging Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic (an alternative to MRI if expertise available). Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an alternative to MRI if expertise available). In this case, there is no evidence of the above indications or pending surgical intervention. As such, the request for Ultrasound Study of the right elbow is not medically necessary.

Ultrasound Study of Right Elbow: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Ultrasound, Diagnostic.

Decision rationale: The MTUS state that most patients do not require imaging. Below are the recommended criteria. Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. They further go on to state that "In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases:" When surgery is being considered for a specific anatomic defect. "To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis." The ODG states that ultrasound of the elbow is "Recommended as indicated below. Ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears

of the distal biceps tendon, providing an alternative to MRI. (ACR, 2001) (Wiesler, 2006) See also ACR Appropriateness Criteria. " Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. (Levin, 2005) Limited evidence shows that diagnostic sonography may not be effective in predicting response to conservative therapy for tennis elbow. (Struijs, 2005)Indications for imaging
Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic (an alternative to MRI if expertise available). Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an alternative to MRI if expertise available). In this case, there is no evidence of the above indications or pending surgical intervention. As such, the request for Ultrasound Study of the right elbow is not medically necessary.