

Case Number:	CM15-0136358		
Date Assigned:	07/24/2015	Date of Injury:	04/03/2014
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: North Carolina

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 67 year old male, who sustained an industrial injury on 4/3/14. He reported injury to his lower back and right shoulder related to a slip and fall accident. The injured worker was diagnosed as having shoulder sprain, lumbar sprain and right knee pain. Treatment to date has included a right shoulder MRI on 1/9/15, a TENs unit and oral pain medications. As of the PR2 dated 6/8/15, the injured worker reports continued pain in the right shoulder, neck and knee. He indicated that medications are helpful with pain control. He rates his pain a 7-8/10. Objective findings include right shoulder flexion is 100 degrees and mild lumbar tenderness with flexion. On 6/24/15 the injured worker rated his pain a 7-8/10 before ultrasound treatment and 5/10 after ultrasound treatment. The treating physician requested an ultrasound of the lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of lumbar spine and 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), Ultrasound, diagnostic, therapeutic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) The criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.