

Case Number:	CM15-0138970		
Date Assigned:	07/28/2015	Date of Injury:	07/11/2014
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral upper extremity pain reportedly associated with an industrial injury of July 11, 2014. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for ultrasound testing of bilateral elbows and bilateral shoulders. The claims administrator framed the request as a request for diagnostic ultrasound testing of the elbows and shoulders. The applicant's attorney subsequently appealed. In an RFA form dated June 23, 2015, Tylenol No. 3, Voltaren, ultrasound testing of bilateral shoulders and ultrasound testing of bilateral elbows were sought. In an associated handwritten progress note dated June 23, 2015, the applicant reported ongoing complaints of shoulder and elbow pain. The applicant was given presumptive diagnosis of shoulder impingement syndrome versus shoulder tendonitis, wrist tendonitis, and elbow epicondylitis. It was very difficult to follow and not altogether legible. Tenderness about the shoulder parascapular musculature and trapezius musculature appreciated. Tenderness about the elbow epicondylar region was appreciated. The applicant was placed off of work, on total temporary disability while medications were refilled. The ultrasound testing of the shoulder and elbows were sought. It was suggested that the applicant was not indicated any kind of surgical intervention, but it was stated that the applicant was not interested in any kind of surgical intervention but that the applicant might consider injection therapy. In an earlier note dated February 16, 2015, MRI imaging of the lumbar spine and electro diagnostic testing of the bilateral upper extremities was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208; 214. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 9, Table 1. Summary of Recommendations for Diagnostic and Other Testing (continued). Ultrasound for patients suspected of having rotator cuff tears, tendinoses or impingement. Recommended, Insufficient Evidence (I). Ultrasound to diagnose rotator cuff tears. Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for ultrasound testing of bilateral shoulders was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, ultrasonography is deemed not recommended in the evaluation of rotator cuff pathology. While a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guideline Shoulder Chapter does contravene the MTUS position in ACOEM Chapter 9, Table 9-6, page 214 by noting that ultrasound testing is recommended in applicants suspected to have rotator cuff tears, tenodesis, or impingement syndrome, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 9, page 208 to the effect that imaging should be considered in applicants in whom surgery is being considered for specific anatomic defect such as a full- thickness rotator cuff tear. Here, however, the attending provider's handwritten progress note of June 23, 2015 explicitly stated the applicant was not, in fact, considering any kind of surgical intervention. It was not stated why ultrasound testing was sought. It was not stated how the proposed ultrasound testing would influence or alter the treatment plan. Therefore, the request was not medically necessary.

Ultrasound Bilateral Elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: Similarly, the request for ultrasound testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 33, the criteria for ordering imaging studies for the elbow are evidence that a said imaging study result would substantially change the treatment plan, emergence of a red flag, failure to progress in rehabilitation program with evidence of significant tissue insult, which has been shown to be correctable by invasive treatment and agreement by the applicant to undergo invasive treatment with the presence of a surgically correctable lesion is identified. Here, however, the attending provider explicitly stated on June 27, 2015 that the applicant was not intent on pursuing any kind of surgical remedy for either the elbows or shoulders. The applicant already carries a diagnosis of

clinically-evident lateral epicondylitis, it was further noted. It was not clearly stated why ultrasound testing of the elbows was sought in light of the fact that the applicant already had an established diagnosis of elbow epicondylitis and in light of the fact that the applicant was not intent on pursuing any kind of surgical remedy here involving either elbow. Therefore, the request was not medically necessary.