

Case Number:	CM15-0140564		
Date Assigned:	07/30/2015	Date of Injury:	08/26/2011
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male who sustained an industrial injury on 8-26-2011. He was working with a blowpipe to break up concrete when the instrument hit a rock and jammed back at him causing a shoulder pop and neck pain. He has reported back pain and neck pain and has been diagnosed with cervical fusion with hardware, right shoulder strain unspecified, cervical radiculitis, lumbar sprain strain, and cervical radiculopathy. Treatment has included TENS, medications, a home exercise program, surgery, and physical therapy. He continues to have right shoulder pain. Medications are helpful with pain control. He was able to increase activities of daily living with medications. There was tenderness to palpation. Skin was clean, dry, and intact. The treatment plan included EMG-NCV, cervical x-ray, referral, home exercise program, medications, TENS, and follow up. The treatment request included an ultrasound of the right shoulder.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Regarding the request for ultrasound studies of the shoulder, California MTUS cites that ultrasonography for evaluation of rotator cuff is not recommended. Within the documentation available for review, there is no documentation of subjective/objective findings consistent with a condition/diagnosis for which ultrasound is supported given the lack of support for its use in the evaluation of the rotator cuff. Additionally, it does not appear that there has been any recent shoulder examination in hopes of identifying the underlying shoulder pathology. It seems reasonable to pursue physical examination evaluation prior to requesting diagnostic imaging. As such, the currently requested ultrasound study of the shoulder is not medically necessary.