

Case Number:	CM15-0165483		
Date Assigned:	09/03/2015	Date of Injury:	12/31/2014
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 31 year old female who sustained an industrial injury on 12-31-14. The Primary Treating Physician's Initial Medical Evaluation, dated 2-9-15, indicates that the injured worker's initial complaint was "immediate pain in her right knee". The injury was caused by a fall, which resulted in her landing on her right side with both knees bended. The left knee hit the rear of the right knee during the fall. She reported the incident to her supervisor, but declined immediate medical evaluation. By the end of her shift, she developed pain in her mid and low back. Approximately four days later, the pain worsened to the point she requested to be examined by the industrial provider. Medications were prescribed and she was placed on modified work duties. She was referred to physical therapy. The 2-9-15 report indicates diagnoses of right hip musculoligamentous sprain and strain, thoracic spine musculoligamentous sprain and strain, thoracic myospasm, lumbar spine musculoligamentous sprain and strain, lumbar myospasm with radiation to right lower extremity; radiculopathy, loss of consciousness (however, in the "subjective complaints" section of the report, it indicates loss of concentration), difficulty sleeping, anxiety, and stress. The treatment recommendations included chiropractic treatment with "supervised physiotherapy and acupuncture therapy", x-rays of the right knee, right hip, thoracic and lumbar spines, EMG-NCV of the upper extremities, psychological consultation, a TENS-Multi-Stim unit - interferential unit, hot and cold pack, Naprosyn, and Flexeril. The 7-30-15 Doctor's First Report of Occupational Injury or Illness states that her complaints were frequent low back, neck, right shoulder, and right knee pain, as well as psychological symptoms of stress, anxiety, and sleep loss. It also indicates "loss of

consciousness" and states that the injured worker "denies any current headaches at the time of the evaluation". Her diagnoses were listed as status post closed head trauma with probable concussion, cervical spine musculoligamentous sprain and strain with myofascial pain syndrome, lumbar spine musculoligamentous sprain and strain with right lower extremity radiculitis, right shoulder sprain and strain with impingement and tendinitis, right knee sprain and strain-rule out meniscal injury. The treatment recommendations included a request for authorization for acupuncture, and MRI of the lumbar spine secondary to ongoing radicular complaints and to evaluate for disc pathology, a diagnostic ultrasound study of the right shoulder and right knee due to ongoing symptomology following traumatic injury and to rule out internal derangement, and medications-Naproxen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound Studies, 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: Shoulder-Ultrasound diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section; Ultrasound, Diagnostic.

Decision rationale: Pursuant to the Official Disability Guidelines, diagnostic ultrasound study right shoulder is not medically necessary. An MRI or ultrasound could equally be used for detection of full thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound may be more cost-effective in the specialist hospital setting for identification of full thickness tears. Ultrasound is a highly accurate imaging study for evaluating integrity of the rotator cuff in shoulders that have's and more on personal health bilateral design site is your name will undergone an operation. In this case, the injured worker's working diagnoses are status post closed head trauma with probable concussion; cervical spine musculoligamentous sprain strain with myofascial pain syndrome; lumbar spine musculoligamentous sprain strain with right lower extremity radiculitis; right shoulder sprain strain with impingement and tendinitis; and right knee sprain strain rule out meniscal injury. Date of injury is December 31, 2014. Request authorization is August 12, 2015. According to a July 30, 2015 first report by the treating orthopedist, subjective complaints include right shoulder pain which is frequent, low back pain, neck pain, knee pain and psychological symptoms of stress, and anxiety. Objectively, the shoulder is tender to palpation over the supraspinatus tendon and periscapular region. Impingement is positive. Flexion is 173, extension 50, abduction 161, adduction 36, internal rotation 83 and external rotation 76. There are no neurologic findings referable to the right shoulder. Motor and sensory examinations are normal. Medical release forms were signed by the injured worker to obtain recent radiographs. It is unclear whether prior medical treatment to date has been obtained and reviewed by the treating provider. Radiographs of the right shoulder have not been reviewed. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation

of prior shoulder radiographs reviewed by the treating provider and no documentation indicating prior medical records have been reviewed, diagnostic ultrasound study right shoulder is not medically necessary.