

Case Number:	CM15-0186482		
Date Assigned:	09/28/2015	Date of Injury:	10/27/2010
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/22/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 47-year-old female, who sustained an industrial injury on 10-27-2010. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow medial and lateral epicondylitis, right forearm and wrist flexor and extensor tenosynovitis, and right shoulder periscapular strain-rotator cuff impingement syndrome secondary to altered biomechanics and compensatory overuse following right elbow surgery. On 8-14-2015, the injured worker reported right elbow moderate pain with weakness and numbness, rated 4-7 on a 0 to 10 pain scale, right shoulder moderate increased pain with weakness and inability to rise up rated 8 on a pain scale of 0 to 10. The Primary Treating Physician's report dated 8-14-2015, noted the right shoulder with crepitus, impingement and apprehension. The injured worker's medications were listed as Zanaflex and Ultram. The treating physician indicates that a diagnostic ultrasound of both elbows were obtained on 5-30-2013, 7-27-2013, and 10-31-2013, and revealed findings of mild right median nerve fusiform enlargement with mild right extensor carpi radialis tenosynovitis, right elbow medial and lateral epicondylitis and mild edema and microtears of the right common flexor tendon origin. Prior treatments have included acupuncture, right elbow surgery, bracing, and a home exercise program (HEP). The treatment plan was noted to include a right shoulder diagnostic study to assess for rotator cuff tear pathology/tear. The request for authorization dated 8-14-2015, requested a right shoulder ultrasound. The Utilization Review (UR) dated 9-11-2015, non-certified the request for a right shoulder ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines state that ultrasound may be use in detecting rotator cuff tears. In this case, the injury to the right shoulder is several years old. However, there is no documentation of a rationale for ordering an ultrasound in light of the patient's symptoms and physical examination findings. The request for diagnostic ultrasound of the right shoulder is not medically necessary.