

Case Number:	CM15-0192736		
Date Assigned:	10/06/2015	Date of Injury:	01/11/2013
Decision Date:	11/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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, California
 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:

This 34 year old female sustained an industrial injury on 1-11-13. Documentation indicated that the injured worker was receiving treatment for lumbar spine sprain and strain with disc protrusion, left sacroiliac joint sprain and strain, bilateral knee sprain and strain, bilateral shoulder sprain and strain with right shoulder impingement, right elbow lateral and medial epicondylitis and bilateral wrist sprain and strain with right De Quervain's syndrome. Previous treatment included sacroiliac joint injection, psychiatric care and medications. In a PR-2 dated 7-28-15, the injured worker complained of continuing pain to the low back, bilateral shoulders and bilateral wrists. The injured worker reported having sharp pain when lifting things above the right shoulder. The injured worker rated her low back pain at 7 to 8 out of 10 on the visual analog scale, bilateral shoulder pain 4 to 6 out of 10 and bilateral wrist pain 6 to 8 out of 10. Physical exam was remarkable for right shoulder greater than left shoulder with tenderness to palpation, positive right impingement tests and cross arm test. Left shoulder range of motion: 163, 42, 160, 80 and 83. A recent detailed physical examination of the left shoulder was not specified in the records specified. Right shoulder range of motion: 123, 36, 120, 30, 63 and 65. The treatment plan included bilateral shoulder diagnostic ultrasound as the injured worker was considering possible injections versus surgery due to no improvement with conservative treatment, requesting authorization for De Quervain's release surgery and refilling medications (Norco and Zanaflex). On 8-31-15, Utilization Review noncertified a request for left shoulder ultrasound. The patient has had MRI of the cervical spine on 6/26/15 that was normal. The medication list include Norco and Zanaflex. Patient had received sacroiliac joint injection on

1/23/15. The patient had received an unspecified number of chiropractic, PT visits for this injury. The patient sustained the injury due to cumulative trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment (Online) Shoulder (Acute& Chronic) Ultrasound, diagnostic, updated 8/6/2015.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Shoulder (updated 10/26/15), Ultrasound, diagnostic.

Decision rationale: Left shoulder ultrasound. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. As per the cited guideline Ultrasound, diagnostic: Recommended as indicated below. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either 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. A recent detailed physical examination of the left shoulder was not specified in the records specified. Evidence of recent abnormal findings on physical examination of the left shoulder was not specified in the records specified. The patient had received an unspecified number of the PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. A recent left shoulder X-ray report was not specified in the records specified. A detailed rationale for requesting a Left shoulder ultrasound was not specified in the records specified. The medical necessity of the request for the left shoulder ultrasound is not fully established in this patient at this time.