

Case Number:	CM15-0193706		
Date Assigned:	10/07/2015	Date of Injury:	06/07/2011
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 injured worker is a 57 year old female, who sustained an industrial injury on 6-7-2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post right carpal tunnel release on 12-2-2014, left wrist tenosynovitis, left shoulder sprain-strain, and bilateral elbow medial epicondylitis with right edema. On 8-26-2015, the injured worker reported left wrist pain rated 3-7 out of 10, and left shoulder pain rated 6-7 out of 10. The Primary Treating Physician's report dated 8-26-2015, noted the injured worker's "treatment" helped with the elbow and wrist symptoms with some increased left shoulder pain with treatment. The injured worker's current medications were not included in the report. The physical examination was noted to show the left shoulder with positive impingement and cross arm tests, with tenderness and crepitus. Prior treatments have included right shoulder surgery in 2012, right carpal tunnel release 2014, physical therapy, bracing, chiropractic treatments, and Cortisone injection to right carpal tunnel, psychotherapy, and acupuncture. The treatment plan was noted to include continued home exercises and request for a left shoulder ultrasound. The request for authorization dated 8-26-2015, requested a left shoulder ultrasound. The Utilization Review (UR) dated 9-24-2015, non-certified the request for a left shoulder ultrasound.

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, Section(s): Diagnostic Criteria.

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

Decision rationale: Per MTUS guidelines the primary criteria for ordering imaging studies of the shoulders are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Per the ODG, ultrasound of the shoulder is recommended in some cases. 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. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. Its accuracy for operatively treated shoulders appears to be comparable with that previously reported for shoulders that had not been operated on. The rotator cuff and its environment can be imaged in many ways. In the hands of a few skilled sonographers, shoulder ultrasound has achieved remarkable success and accuracy. However, in many cases, radiologists are not equipped with the skill or time to provide this imaging modality to orthopedists. In this case, the injured worker is diagnosed with a left shoulder sprain/strain. The physical examination of the left shoulder revealed positive impingement and cross arm tests, with tenderness and crepitus noted. In this case, there is no documentation of a shoulder condition that would warrant the use of ultrasound. Additionally, it is not clear that the injured worker has failed with conservative treatments. The request for left shoulder ultrasound is not medically necessary.