

Case Number:	CM15-0204149		
Date Assigned:	10/20/2015	Date of Injury:	11/01/1997
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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 54 year old female with an industrial injury date of 11-07-1997. Medical record review indicates she is being treated for myalgia and myositis, muscle pain, depressive disorder, carpal tunnel syndrome and hypothyroidism. Subjective complaints (02-11-2015) included left shoulder pain and finger joint pain. Physical exam (02-11-2015) noted full range of motion of shoulder. Medications included Mobic, Topamax, Lidoderm, Microgestin, Synthroid, Inhaler and Phentermine. Prior treatment included aqua therapy and medications. The treatment plan included right shoulder ultrasound and right shoulder injection. On 09-24-2015 the request for right shoulder ultrasound was non-certified by utilization review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested Right shoulder ultrasound is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Shoulder, Acute & Chronic, Ultrasound, Diagnostic, noted "Ultrasound guidance for shoulder injections: In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. While ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy." The injured worker has left shoulder pain and finger joint pain. Physical exam (02-11-2015) noted full range of motion of shoulder. The treating physician has not sufficiently documented exam evidence of shoulder impingement syndrome, or the medical necessity for a shoulder injection or shoulder ultrasound. The criteria noted above not having been met, Right shoulder ultrasound is not medically necessary.