

Case Number:	CM15-0216003		
Date Assigned:	11/05/2015	Date of Injury:	08/26/2014
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, 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 34 year old male, who sustained an industrial injury on 8-26-2014. The medical records indicate that the injured worker is undergoing treatment for rotator cuff tear, SLAP tear, and status post left shoulder arthroscopy with subacromial decompression (5-11-2015). According to the progress report dated 9-14-2015, the injured worker presented with complaints of chronic left shoulder pain. On a subjective pain scale, he rates his pain 8 out of 10. The physical examination of the left shoulder reveals tenderness to palpation, positive O'Brien's test, and decreased range of motion. The current medications are Vicodin, Nabumetone, Cyclobenzaprine, Omeprazole, Lidopro ointment, Gabapentin, and Lunesta. Previous diagnostic studies include MRI of the left shoulder (9-26-2014). The MRI report revealed evidence of SLAP disruption, rotator cuff tendinosis with a partial interstitial tear of the subscapularis tendon insertion. Low grade bursal surface fraying of the distal supraspinatus tendon. No evidence of transmural tear. Long head biceps tendinosis and tenosynovitis. Treatments to date include medication management, heat, ice, TENS unit, physical therapy, and surgical intervention. Work status is described as off work. The original utilization review (10-5-2015) had non-certified a retrospective request for ultrasound therapy to the left shoulder (DOS: 9-14-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultrasound Therapy to the left shoulder x 1 (DOS 09/14/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter (Online Version).

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

Decision rationale: MTUS states that "ultrasonogray for rotator cuff" is not recommended. Regarding Ultrasound of the shoulder, ODG states: "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. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. (Dinnes, 2003) 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. (Prickett, 2003) 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. (Newberg, 2000) (Blankstein, 2005) A recent study found that ultrasound correctly identified 103 of 104 complete rotator cuff tears (sensitivity: 0.99--specificity: 0.99--accuracy: 98.7%). Preoperative ultrasound examination of the shoulder permits a reliable diagnosis of complete rotator cuff tears and calcium deposits (calcific tendinitis). The method is less sensitive but sufficiently reliable for the diagnosis of partial rotator cuff tears and pathology of the long biceps tendon. Examiner experience plays an important role in these special cases. (Kayser, 2005) Ultrasonography and magnetic resonance imaging have comparable high accuracy for identifying biceps pathologies and rotator cuff tears, and clinical tests have modest accuracy in both disorders. The choice of which imaging test to perform should be based on the patient's clinical information, cost, and imaging experience of the radiology department. (Ardic, 2006) Ultrasound scan (USS) of the shoulder is an accurate and reliable method of detecting full thickness RCTs, and it can reduce the time from GP referral to definitive diagnosis and management." He had an MRI which showed a SLAP tear, rotator cuff tendinosis, and a partial tear of the subscapularis tendon. There is no discussion on what additional diagnostic evidence the ultrasound will provide. Thus, the request is not medically necessary.