

Case Number:	CM15-0216805		
Date Assigned:	11/06/2015	Date of Injury:	10/28/2012
Decision Date:	12/24/2015	UR Denial Date:	10/21/2015
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: Texas, Illinois

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 48 year old female, who sustained an industrial injury on 10-28-12. The injured worker was diagnosed as having calcifying tendinitis of the shoulder. Subjective findings (7-22-15, 8-21-15 and 9-18-15) indicated increased right shoulder pain. The injured worker describes the pain constant and throbbing and can hardly use right upper extremity. She reported sleeping sitting up on the couch due to right shoulder pain. On 7-13-15 the orthopedic physician noted tenderness over the anterior aspect of the right shoulder, limited range of motion and a negative Speed's and Yerguson's test. Objective findings (7-22-15, 8-21-15 and 9-18-15) revealed right elbow pain and a very weak grip and pinch on the right. As of the PR2 dated 10-16-15, the injured worker reports increased right shoulder pain. She describes the pain as constant and throbbing and can hardly use right upper extremity. There is no physical exam of the right shoulder. Treatment to date has included Norco and Lidocaine 1%. The Utilization Review dated 10-21-15, non-certified the request for ultrasound of the right shoulder x 1, consultation with interventional radiologist x 1 with follow up and liquidification calcific tendonitis of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of right shoulder times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The injured worker sustained a work related injury on 10-28-12. The medical records provided indicate the diagnosis of calcifying tendinitis of the shoulder. Treatments have included surgery, Norco and Lidocaine 1%. The medical records provided for review do not indicate a medical necessity for Ultrasound of right shoulder times. The medical records indicate the injured worker had calcific tendinitis of the right shoulder in previous X-rays, but recent right shoulder X-ray was found to be negative for calcific tendinitis. The medical records indicate unremarkable findings from the very limited examination. While the MTUS makes no specific recommendation for shoulder ultrasound, the MTUS does not recommend imaging in the absence of be 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, clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment. Also, the MTUS requires that all testing and treatment be based on thorough history and physical examination. Therefore, based on the limited information available, ultrasound of the right shoulder is not medically necessary.

Consultation with Interventional Radiologist times 1 with follow up: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

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

Decision rationale: The injured worker sustained a work related injury on 10-28-12. The medical records provided indicate the diagnosis of calcifying tendinitis of the shoulder. Treatments have included surgery, Norco and Lidocaine 1%. The medical records provided for review do not indicate a medical necessity for Consultation with Interventional Radiologist times 1 with follow ups. The medical records indicate the injured worker had calcific tendinitis of the right shoulder in previous X-rays, but recent right shoulder X-ray was found to be negative for calcific tendinitis. The medical records indicate unremarkable findings from the very limited examination. While the MTUS makes no specific recommendation for shoulder ultrasound, the MTUS does not recommend imaging in the absence of be a red flag. Therefore Consultation with Interventional Radiologist is not medically necessary since the requested right shoulder ultrasound has been determined not to be medically necessary.

Liquidification calcific tendonitis of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article>.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The injured worker sustained a work related injury on 10-28-12. The medical records provided indicate the diagnosis of calcifying tendinitis of the shoulder. Treatments have included surgery, Norco and Lidocaine 1%. The medical records provided for review do not indicate a medical necessity for Liquidfication calcific tendonitis of the right shoulder. The requested treatment is not medically necessary in the absence of a confirmatory test for calcific tendinitis. There was very limited examination focused on the shoulder, and therefore, the medical necessity for ultrasound of the shoulder has not been established.