

Case Number:	CM15-0059292		
Date Assigned:	04/03/2015	Date of Injury:	05/29/2012
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 56 year old female, who sustained an industrial injury on 05/29/2012. She has reported subsequent shoulder, neck and knee pain and was diagnosed with rotator cuff tear, medial meniscus tear and herniated nucleus pulposus of the cervical spine. Treatment to date has included oral pain medication. In a progress note dated 01/29/2015, the injured worker complained of persistent pain but the location of the pain was not documented. No specific objective examination findings were documented. A request for authorization of ultrasound of the bilateral shoulders and elbows was made on 02/25/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Studies of the Bilateral Shoulders and Bilateral Elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Ultrasound Diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation 1) American College of Radiology,

Appropriateness Criteria for Imaging Acute Shoulder Pain, Revised 2010²) American College of Radiology, Appropriateness Criteria for Imaging Chronic Elbow Pain, Revised 2011.

Decision rationale: Ultrasound imaging (sonography) is a noninvasive technique used for visualizing internal body structures including tendons, muscles, joints, vessels and internal organs for possible pathology or lesions. The guidelines published by the American College of Radiology suggest this procedure may be appropriate to evaluate the shoulder when plain films of the shoulder are noncontributory, there is persistent significant pain and the physical examination and history are nonspecific although in this situation MRI without contrast would be more appropriate. Sonography is especially appropriate when there is questionable shoulder bursitis or long head of biceps tenosynovitis based on clinical findings including physical examination, when the provider suspects rotator cuff tear/impingement in a patient over age 35 years and when the patient may have chronic tendonitis or bursitis in the elbow. Review of the available medical records on this individual reveals inadequate documentation of the patient's signs and symptoms of his shoulder condition. As a result there is not enough information to make a medical necessity determination. Medical necessity for this procedure has not been established. The request is not medically necessary.