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| <b>Case Number:</b>   | CM14-0117040 |                              |            |
| <b>Date Assigned:</b> | 08/13/2014   | <b>Date of Injury:</b>       | 02/12/2009 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 07/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/25/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old male with a 2/12/09 injury date. The mechanism of injury is not provided. In a 6/25/14 follow-up, subjective complaints included left shoulder increased pain with lifting, reaching, pushing, and pulling activities. There is decreased pain with rest, meds, and home exercise. There is low back pain left greater than right, increased pain with sitting, bending, standing, and stooping activities. Objective findings include left shoulder tenderness anteriorly, decreased range of motion with pain in all planes, positive impingement signs, and crepitus. The lumbar spine shows tenderness in the paraspinal muscles, decreased lumbar range of motion with pain in all planes, positive kemps and negative SLR, and positive sacroiliac stress test on the left. A lumbar spine MRI on 6/22/13 showed multilevel degenerative disc disease. Diagnostic impression: left shoulder s/p rotator cuff repair, lumbar degenerative disc disease. Treatment to date: left shoulder rotator cuff repair (2/13/09), medications, physical therapy, home exercise. A UR decision on 7/14/14 denied the request for left shoulder diagnostic ultrasound on the basis that there were no red flags, clear clinical evidence of significant shoulder dysfunction, or signs of re-injury. The request for ROM was denied on the basis it is already assumed that the treating physician will perform a history and physical exam that would include range of motion measurements as indicated. The request for lumbar spine MRI was denied on the basis that there was no clear evidence of nerve root dysfunction, failed conservative treatment, or the definite possibility of surgery to justify the study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder DX Ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, diagnostic ultrasound.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559, 561-563.

**Decision rationale:** CA MTUS states that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. However, Ultrasonography for evaluation of rotator cuff is not recommended per CA MTUS. In the present case, there is no rationale that states why a left shoulder ultrasound is needed. The shoulder exam findings are not very detailed with respect to shoulder dysfunction and/or muscle weakness in this patient who does have a history of rotator cuff repair. If rotator cuff re-tear is suspected, it is not clearly stated in the documentation. Therefore, the request for left shoulder dx ultrasound is not medically necessary.

**Retrospective request for ROM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

**Decision rationale:** CA MTUS does not address this issue. ODG states that flexibility should be a part of a routine musculoskeletal evaluation, and does not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way". In the present case, it is not clear what is meant by the request for "ROM." It is clear that it is a retrospective request, but there is nothing in the provided documents that shows what testing, studies, or therapies were previously done that are consistent with "ROM." It is assumed for the moment that it has something to do with measuring range of motion or improving range of motion with physical therapy, but again, there are no documents that support this. Therefore, the request for retrospective request for ROM is not medically necessary.

**MRI Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 208-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In the present case, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Therefore, the request for MRI lumbar spine is not medically necessary.