

Case Number:	CM14-0118840		
Date Assigned:	08/06/2014	Date of Injury:	04/25/2014
Decision Date:	10/27/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; ultrasound imaging of the shoulder, apparently notable for a partial-thickness rotator cuff tear; and a venous duplex ultrasound of the right shoulder, apparently notable for the absence of deep venous thrombosis and also evident for a moderate subacromial bursitis. In a utilization review report dated July 15, 2014, the claims administrator retrospectively denied a Doppler ultrasound of the right arm. The applicant's attorney subsequently appealed. The applicant had been placed off work, on total temporary disability, in a handwritten note dated April 25, 2014. MRI imaging of the shoulder was apparently sought at that point in time. The applicant was asked to employ a sling. The applicant was apparently returned to regular duty work via work status reports of May 22, 2014, and June 10, 2014. On April 25, 2014, the applicant was given a diagnosis of acute shoulder strain. A Toradol injection was given. The applicant was kept off work. A sling was employed. It was stated that MRI imaging could be considered if the applicant failed to improve. In a July 1, 2014, progress note; the applicant apparently consulted an orthopedist reporting persistent complaints of shoulder pain. The applicant was smoking. The applicant was a truck driver, it was noted. The applicant was using Vicodin and Naprosyn, it was stated. 5/5 shoulder strength was noted. The treating provider reviewed ultrasound imaging of the shoulder which demonstrated a partial-thickness rotator cuff tear and interstitial tearing, and also reviewed a Doppler ultrasound of the right shoulder which apparently showed moderate subacromial bursitis with no evidence of a deep venous thrombosis. The attending provider did report that

the applicant had palpable upper extremity pulses. The applicant was asked to continue regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Doppler Right Arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201,197.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, Table 9-1, page 197, does state that an applicant's history of vascular disease, history of diabetes, and/or the presence of decreased pulses in the upper extremities could lead the practitioner to consider the presence of vascular compromise, in this case, however, there is no mention of any issues associated with vascular or venous compromise for which the ultrasound imaging of the shoulder in question would have been indicated. It appears that the attending provider may have performed ultrasound testing of the right arm as a means of assessing for thoracic outlet syndrome. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 201, testing for thoracic outlet syndrome is of "questionable value." The request, thus, is not indicated both owing to the unfavorable ACOEM position on testing for thoracic outlet syndrome, the lack of any clear arterial or venous compromise reported on any office visit, referenced above, and the lack of a clear rationale from the attending provider as to why this particular test was indicated. Accordingly, the request was not medically necessary.