

Case Number:	CM14-0125687		
Date Assigned:	08/11/2014	Date of Injury:	04/27/2010
Decision Date:	10/14/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 claimant injured his right shoulder and other body parts on 04/27/10. He saw [REDACTED] on 01/10/14. The handwritten notes are difficult to interpret, as they are nearly illegible. He was diagnosed with bilateral shoulder sprains and right side impingement. He had been attending physical therapy. On 04/21/14, he was seen for his shoulders. The diagnoses were the same. It appears that he had decreased range of motion of the shoulders. On 05/15/02/14, again the notes are nearly illegible to me but he still had popping and clicking in his right shoulder. He had an AME on 04/28/14. He had right shoulder pain. X-rays and MRIs of both shoulders were done and surgery was recommended for both shoulders. He had left shoulder surgery in October 2013. He had radicular pain involving his upper extremities there is no mention specifically of the shoulders. He still had pain that was worse on the left shoulder. He had tingling in both shoulders with clicking and popping. Writing with the right upper extremity exacerbated his right shoulder symptoms. He had some difficulty gripping items. He was diagnosed with a right shoulder sprain. He had decreased and painful range of motion with tenderness, atrophy bilaterally, equivocal impingement test and decreased strength. On 06/25/14, he saw [REDACTED] and again the notes are essentially illegible but it appears that a right shoulder diagnostic ultrasound was ordered to assess progression of positive findings of the prior study in March 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

U/S (Ultrasound) Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Radiography

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

Decision rationale: The history and documentation do not objectively support the request for a repeat ultrasound of the right shoulder. The MTUS state "routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings." The ODG state "diagnostic ultrasound may be 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. In this case, there is no clear evidence of worsening and it is not clear why a repeat study is deemed necessary. The notes are nearly illegible and the claimant's history of injury, evaluation, and treatment of his right shoulder is unclear. The indication for a repeat study has not been described as being for the purpose of evaluation of worsening symptoms or objective findings and no such findings can be ascertained. There is no evidence that urgent or emergent surgery is being considered. The medical necessity of this request has not been demonstrated.