

Case Number:	CM14-0186110		
Date Assigned:	11/14/2014	Date of Injury:	09/07/2011
Decision Date:	12/16/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family medicine and is licensed to practice in Ohio. 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 injured worker is a 37-year old female with a date of injury of 9-7-2011. The mechanism of injury was not given. She has complained of pain in the neck, right shoulder, elbow, and hand with intermittent numbness and tingling. MRI scans of the right shoulder from 2012 and 2013 and an arthrogram in 2013 have revealed mild supraspinatus tendinosis. An MRI scan of the cervical spine revealed a 2-3mm disc herniation at C5-C6. The physical exam findings have varied greatly depending on the examiner. One physician describes no impingement signs, normal range of motion, and no tenderness of the right shoulder. Another physician describes widespread right shoulder tenderness, positive impingement signs, and crepitus. The diagnoses include right shoulder tendinitis/bursitis; rule out labral tear, rotator cuff sprain/strain, and displacement of a cervical intervertebral disc. The request is for an ultrasound of the right shoulder to rule out a labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the right shoulder: Overturned

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

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

Ultrasound, Am J Sports Med. 1996 Mar-Apr;24(2):149-54. Diagnosis of glenoid labral tears. A comparison between magnetic resonance imaging and clinical examinations, Radiographics 2003;(2):381-401), US of the shoulder: non-rotator cuff disorders

Decision rationale: The Official Disability guidelines are silent on the issue of which has the better diagnostic accuracy for shoulder labral tears, MRI, ultrasound, or physical exam. An article from the American Journal of Sports Medicine states that the physical exam is more accurate in diagnosing tears of the shoulder labrum than is MRI. Ultrasound has a promising role in the evaluation of the labrum, with sensitivities and specificities ranging from 88% to 95% and 67% to 100%. In this instance, the treating physician has a suspicion for a torn shoulder labrum. Because the physical exam has been shown more reliable than MRI for diagnosing a torn labrum, As such as, Ultrasound of the right shoulder is medically necessary.