

Case Number:	CM14-0087995		
Date Assigned:	07/23/2014	Date of Injury:	02/21/2008
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 63 year old male with a reported date of injury on 02/21/2008. The mechanism of injury was lifting. The diagnoses included partial re-tear of the rotator cuff, mild acromioclavicular degenerative joint disease, and cervical/trapezius sprain/strain with right upper extremity radiculitis. No documentation of conservative care such as medications, physical therapy or home exercise program was provided. Diagnostic testing included an MRI performed on 03/05/2012(unofficial) which indicated a 3 mm disc protrusion at C5-6 and C6-7 with 2-3 mm disc protrusions with abutment to the bilateral nerve roots and mild central canal stenosis, an MRI of the right shoulder was performed on 02/06/2012 (unofficial) which revealed a partial re-tear of the right rotator cuff, and an X-ray was performed on 05/19/2014 (unofficial) which indicated mild acromioclavicular degenerative disc disease. The injured worker underwent a right shoulder open rotator cuff repair in 09/2008. The injured worker complained of pain rated 7/10 which was further described as moderate pressure, dull and sharp, numbness, weakness, and ache. On 05/19/2014, a physical exam of the cervical spine revealed tenderness to palpation over the paraspinal musculature and trapezius muscle with slight spasm and compression test was negative. Cervical spine range of motion demonstrated 48 degrees of flexion, 51 degrees of extension, 63 degrees of right rotation, 61 degrees of left rotation, 33 degrees of right side bending, and 35 degrees of left side bending. A physical exam of the right shoulder on 05/19/2014 revealed tenderness to palpation over the supraspinatus tendon, subacromial region and acromioclavicular joint and impingement and cross arm tests were positive. Range of motion of the right shoulder demonstrated 131 degrees of flexion, 35 degrees of extension, 118 degrees of abduction, 30 degrees of adduction, 52 degrees of internal rotation, and 51 degrees of external rotation. No medication list was provided. The request was for ultrasound of the right shoulder to investigate the cause of the injured worker's persistent right shoulder pain and chiropractic

services of the right shoulder and cervical spine to promote the patient's faster recovery. The request for authorization form was submitted for review on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of 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-19th Edition - Shoulder Ultrasound.

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

Decision rationale: The request for ultrasound of the right shoulder was not medically necessary. The injured worker presented on 05/19/2014 with complaints of shoulder and neck pain flare up. The Official Disability Guidelines state 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. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. The injured worker underwent a right shoulder open rotator cuff repair in 09/2008. A physical exam of the right shoulder on 05/19/2014 revealed tenderness to palpation over the supraspinatus tendon, subacromial region and acromioclavicular joint and impingement and cross arm tests were positive. The original date of injury was 02/21/2008 and the current pain was described as a flare up. No documentation of recent conservative treatment modalities were found in the documents provided. Therefore, the request for ultrasound of the right shoulder was not medically necessary.

Chiropractic Services of Right Shoulder and Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic services of right shoulder and cervical spine was not medically necessary. The injured worker presented on 05/19/2014 with complaints of shoulder and neck pain flare up. The California MTUS guidelines state that nonprescription and prescription medications are the first line of treatment for neck and upper back complaints and shoulder complaints as well, followed by in home exercises, and then followed by manual manipulation. The guidelines recommend an initial trial of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per

week for the next 6 weeks with a maximum duration of 8 weeks. There is no documentation of medication therapy or home exercise program(s) for the injured worker's neck and shoulder pain. The submitted request does not indicate the number of sessions being requested in order to determine the medical necessity of the treatment. Therefore, the request for chiropractic services of right shoulder and cervical spine was not medically necessary.