

Case Number:	CM15-0127281		
Date Assigned:	08/05/2015	Date of Injury:	08/20/2013
Decision Date:	09/09/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female, who sustained an industrial injury on 8-20-2013. The injured worker was diagnosed as having right shoulder periscapular strain, tendinitis, and impingement, moderate acromioclavicular joint degenerative changes per x-ray and a history of rotator cuff tear per magnetic resonance imaging. Treatment to date has included diagnostics, acupuncture, and medications. Currently, the injured worker complains of right shoulder worsening, noting pops and sharp pain with motion. She requested updated studies of her right shoulder. Exam of the right shoulder noted tenderness to palpation, positive impingement, cross-arm and drop arm tests, crepitus in the acromioclavicular joint upon ranging, reduced range of motion, and grade 4 of 5-muscle weakness upon flexion and abduction. Work status was modified and it was documented that she was working. The treatment plan included a diagnostic ultrasound of the right shoulder, to evaluate for internal derangement. Prior magnetic resonance imaging of the right shoulder was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 diagnostic ultrasound of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): Ultrasound, diagnostic (2015).

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

Decision rationale: The patient presents with severe RIGHT shoulder pain rated 10/10. The request is for 1 DIAGNOSTIC ULTRASOUND OF RIGHT SHOULDER. The request for authorization is dated 05/08/15. Physical examination of the RIGHT shoulder reveals tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon. Impingement, Cross Arm and Codman's Drop Arm tests are positive. There is crepitus noted in the acromioclavicular joint upon ranging. Range of motion is reduced. Motor testing reveals Grade 4/5 muscle weakness upon flexion and abduction. Patient is to continue with her previous medications. Patient's medications include Ultram and Motrin. Per progress report dated 05/08/15, the patient is returned to modified work. ODG-TWC Guidelines, Shoulder Chapter, under Ultrasound, diagnostic Section states, "Recommended as an indicated below. The results of a recent review suggest that clinical examination by specialist can rule out the presence of rotator cuff tear and that either MRI or ultrasound can equally be used for detection of full thickness, rotator cuff tears, although ultrasound may be better at picking up partial tears, ultrasounds also may be more cost effective in a specialist hospital setting for identification of full thickness tears." Per progress report dated 05/08/15, treater's reason for the request is "to evaluate for internal derangement." The patient is diagnosed with RIGHT shoulder periscapular strain, tendinitis and impingement. Additionally, physical examination of the RIGHT shoulder reveals tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon. Impingement, Cross Arm and Codman's Drop Arm tests are positive. There is crepitus noted in the acromioclavicular joint upon ranging. Range of motion is reduced. Motor testing reveals Grade 4/5 muscle weakness upon flexion and abduction. However, per progress report dated 05/08/15, treater's diagnosis includes, "HISTORY OF ROTATOR CUFF TEAR, PER MRI SCAN." ODG guidelines suggest that either MRI or ultrasound can equally be used for detection. In this case, it is unclear what investigation the treater is trying to obtain with an ultrasound, and what more can be obtained in addition to the MRI study already obtained. Therefore, the request IS NOT medically necessary.