

Case Number:	CM15-0062968		
Date Assigned:	04/08/2015	Date of Injury:	07/10/2014
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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, Pain Management

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 54 year old female who sustained a work related injury July 10, 2014. A doctor's first report of occupational injury or illness, dated September 11, 2014, found the injured worker presenting with pain and weakness to the right shoulder after lifting clothes to hang. The right shoulder was puffy over the deltoid and tender to palpation, right trapezius was tight and right biceps and biceps tendon were tender to palpation. Diagnosed as a right shoulder strain, possible rotator cuff injury. Treatment included medication and physical therapy. According to physician's evaluation January 14, 2015, the injured worker presented with complaints of right shoulder pain, rated 2-3/10 and can be up to 6/10, which is exacerbated with overhead motions and lifting. The pain radiates down the right elbow with weakness. Diagnoses included shoulder joint pain; shoulder impingement; bursitis, occupational. Treatment plan included home exercise, TENS unit trial, chiropractic therapy 3 x 4, medications and ultrasound right shoulder. The requested treatment for review is retrospective ultrasound, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound, Right Shoulder, Retrospective: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

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, Ultrasound, therapeutic.

Decision rationale: Regarding the request for ultrasound, CA MTUS does not address therapeutic ultrasound for the shoulder. ODG notes that therapeutic ultrasound provided clinically important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term, but the evidence does not support use of ultrasound for other conditions of the shoulder. Within the documentation available for review, there is no indication of calcific tendonitis. In light of the above issues, the currently requested ultrasound is not medically necessary.