MAXIMUS Federal Services

| Case Number: | CM15-0075448 | | |
|---|---|---|---|
| Date Assigned: | 04/27/2015 | Date of Injury: | 03/24/2013 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

## 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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 60 year old male who sustained an industrial injury on 3/24/13. The diagnoses have included cervical strain/sprain, lumbar spine strain/sprain, bilateral shoulder strain/sprain, impingement, and rotator cuff tear and acromioclavicular joint osteoarthrosis. Treatment to date has included physical therapy, chiropractic, acupuncture, medications, activity modifications and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine and diagnostic ultrasound of the bilateral shoulders. Currently, as per the physician progress note dated 3/18/15, the injured worker complains of continued cervical spine pain with radiation to the shoulders, bilateral shoulder pain with popping and constant low back pain with radiation to bilateral lower extremities (BLE) and feet. Physical exam revealed cervical spasm, decreased cervical range of motion, positive compression test, and decreased shoulder range of motion, positive impingement signs, and positive crepitus. The lumbar spine had decreased range of motion with pain and spasm, positive straight leg raise and sensory changes. Treatment plan was pain management consult for consideration of lumbar epidural steroid injection (ESI) versus facet injections, up dated ultrasound of bilateral shoulders for surgical consideration. The physician requested treatment included Ultrasound of the right shoulder and Ultrasound of the left shoulder.

## 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:** 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), Minnesota Rules, Parameters for medical imaging.

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

**Decision rationale:** The provider requests this procedure for pre-surgical evaluation, but it is noted that the studies had already been done. There was no apparent significant interval change in the shoulder symptoms. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes, in the shoulder section, under diagnostic ultrasound: 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. (Dinnes, 2003) Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. It appears this claimant, however, has had definitive diagnostic studies, and it is not clear what it driving the need for repeat advanced imaging. The request is appropriately not medically necessary.

**Ultrasound of the left 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), Minnesota Rules, Parameters for medical imaging.

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

**Decision rationale:** As shared previously, the provider requests this procedure for pre-surgical evaluation, but it is noted that the studies had already been done. There was no apparent significant interval change in the shoulder symptoms. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes, in the shoulder section, under diagnostic ultrasound: 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. (Dinnes, 2003) Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. It again appears this claimant, however, has had definitive diagnostic studies, and it is not clear what it driving the need for repeat advanced imaging. The request is appropriately not medically necessary.