

Case Number:	CM15-0091796		
Date Assigned:	05/18/2015	Date of Injury:	11/13/2013
Decision Date:	06/17/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/12/2015

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: Emergency 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 43 year old male injured worker suffered an industrial injury on 11/13/2013. The diagnoses included right wrist fracture, cervical, thoracic and lumbar musculoligamentous sprain/strain with right upper extremity radiculitis, and bilateral shoulder impingement syndrome. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with physical therapy On 4/1/2015 the treating provider reported neck pain and stiffness with pain, numbness and tingling extending down right upper extremity, mid and low back and stiffness, bilateral shoulder pain, bilateral wrist pain, anxiety and depression and insomnia. The treatment plan included Left Shoulder Ultrasound Imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Shoulder Ultrasound Imaging: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested 1 Left Shoulder Ultrasound Imaging, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has neck pain and stiffness with pain, numbness and tingling extending down right upper extremity, mid and low back and stiffness, bilateral shoulder pain, bilateral wrist pain, anxiety and depression and insomnia. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, 1 Left Shoulder Ultrasound Imaging is not medically necessary.