MAXIMUS Federal Services

Case Number:	CM15-0093479		
Date Assigned:	05/19/2015	Date of Injury:	06/24/2014
Decision Date:	06/26/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/14/2015

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, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 24, 2014. In a utilization review report dated May 11, 2015, the claims administrator failed to approve a request for ultrasound testing of the left shoulder. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. An April 7, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing multifocal complaints of neck, mid back, and bilateral shoulder pain with associated right upper extremity paresthesias. Some occasional clicking about the left shoulder was reported. The attending provider stated that the applicant had earlier had neck and left shoulder MRI imaging and that the applicant was currently working with restrictions in place. 5/5 bilateral upper extremity, including bilateral shoulder strength was evident with flexion and abduction in the 160- to 164-degree range about the left shoulder. The applicant had undergone an earlier left shoulder corticosteroid injection. Naprosyn, Prilosec, left shoulder ultrasound testing, and a cervical epidural steroid injection were sought while a 20-pound lifting limitation was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214; 208. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Shoulder Disorders, page 9 Ultrasound for patients suspected of having rotator cuff tears, tendinoses or impingement - Recommended, Insufficient Evidence (I).

Decision rationale: The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 notes that ultrasonography for evaluation of the rotator cuff is deemed "not recommended." While a more updated medical treatment guideline (MTG) in the form of the Third Edition ACOEM Guidelines' Shoulder Chapter does acknowledge on page 9 that ultrasound testing is recommended in applicants suspected of having rotator cuff tears, tendinosis, or impingement syndrome, the latter of which was reportedly suspected here, this recommendation is nevertheless qualified by commentary made in the MTUS Guideline in ACOEM Chapter 9, page 208 to the effect that the primary criteria for ordering imaging studies include evidence of failure to progress in a strengthening program intended to avoid surgery and/or clarification of the anatomy of the shoulder prior to an invasive procedure. Here, however, it did not appear that the applicant was intent on acting on the results of the proposed shoulder ultrasound. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the shoulder based on the outcome of the study in question. The fact that the applicant had relatively well-preserved range of motion about the injured shoulder and had already returned to regular-duty work significantly reduced the likelihood of the applicant's acting on the results of the shoulder ultrasound in question and/or considering surgical intervention based on the outcome of the same. The requesting provider on April 7, 2015, it is incidentally noted, did also allude to the applicant's having had earlier MRI imaging of the left shoulder through another provider, the results of which had not seemingly been reported and which, if positive, would have obviated the need for the ultrasound in question. Therefore, the request was not medically necessary.