

Case Number:	CM15-0095020		
Date Assigned:	05/21/2015	Date of Injury:	12/13/2013
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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: Family Practice

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 12/13/13. He has reported initial complaints of left shoulder injury after falling from his truck. The diagnoses have included cervical spine strain/sprain, lumbar spine strain/sprain, left shoulder pain/impingement syndrome, and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, activity modifications, consultations, bracing and home exercise program (HEP). Currently, as per the physician progress note dated 4/10/15, the injured worker complains of continued left shoulder pain and popping and difficulty lifting above the shoulder level. He continues to have neck pain with radicular symptoms to both arms and low back pain with radicular symptoms to the left lower extremity (LLE). The symptoms are moderate, frequent to constant, dull, sharp, numbness with aching. The objective findings reveal cervical spine tenderness with spasm. The left shoulder reveals tender paraspinal and trapezius muscle with decreased range of motion due to pain and positive impingement. The lumbar spine reveals tender parspinals with spasm, decreased range of motion and positive straight leg raise. Several documents within the submitted medical records are difficult to decipher. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral upper extremities reveals chronic bilateral cervical radiculopathy, bilateral ulnar neuropathy across the elbows and evidence of left ulnar sensory axonal neuropathy, moderate left median neuropathy at the wrist and right median sensory neuropathy at the wrist. The Magnetic Resonance Imaging (MRI) of the left shoulder was not included in the records. The physician requested treatment included 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 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, Diagnostic Ultrasound.

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

Decision rationale: The Official Disability Guidelines comment on the use of diagnostic ultrasound in the assessment of a shoulder injury. These guidelines state the following: 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. In this case, the records indicate that the patient has been approved for an MRI of the shoulder. Per the above-cited guidelines, an MRI and ultrasound are equally effective imaging studies. There is a notation by the treating physician that MRI is acceptable should the ultrasound not be approved. Given that MRI was approved as the imaging study for this patient's shoulder problem and the recommendations of the above-cited guidelines, an ultrasound of the left shoulder is not medically necessary.