MAXIMUS Federal Services

Case Number:	CM13-0011706		
Date Assigned:	12/11/2013	Date of Injury:	06/24/2012
Decision Date:	01/10/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 physician 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/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Male claimant who sustained an injury on 6/24/12 which resulted in a chronic shoulder injury and calcific tendonitis. He underwent a subacromial decompression on 1/21/13. He has undergone physical therapy, MR arthrograms and analgesics. An exam note on 7/16/13 indicated that the claimant had no subjective complaints. Examination findings included: a tender superior cuff of the left shoulder and reduced range of motion. A diagnosis of adhesive capsulitis was given and a plan for a diagnostic ultrasound was given to assess the cuff prior to further activity progression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient diagnostic ultrasound of unspecified body: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, Ultrasound.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-215.

Decision rationale: Shoulder impingement according to the guidelines cited above are in the continuum of rotator cuff injuries. The success rate of decompression and surgical intervention can be up to 86%. Diagnostics appropriate to assess the cuff include arthrograms, MRI, CT scans and x-rays. Table 9-6 (pg 214) of the ACOEM guidelines states that ultrasounds are not indicated

for rotator cuff diagnostics with limited evidence to support its use. In addition, in the absence if red flags, diagnostics are not recommended. In this case, the exam note did not indicate impingement or neurological findings. As a result, ultrasound is not medically necessary.