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| <b>Case Number:</b>   | CM13-0045877 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 12/22/2012 |
| <b>Decision Date:</b> | 03/07/2014   | <b>UR Denial Date:</b>       | 11/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This is a male patient with a date of injury of 12/22/12. A utilization review determination dated 11/6/13 recommends non-certification of ultrasound studies of the bilateral shoulders. A progress report dated 12/4/13 identifies subjective complaints including continued bilateral shoulder pain and objective examination findings identify tenderness over the subacromial regions, supraspinatus tendons, AC joints, and periscapular regions involving the trapezius muscles with spasm/trigger points. Subacromial crepitus bilaterally and impingement and cross arm tests positive. The patient has a limited ROM and grade 4/5 weakness in flexion, abduction, and external rotation, bilaterally. Diagnoses include bilateral shoulder sprain/impingement with diagnostic ultrasound revealing bilateral rotator cuff tear with supraspinatus tendinosis and subacromial-subdeltoid bursitis with AC DJD and decreased subacromial space. Treatment plan recommends reviewed diagnostic ultrasound studies of the bilateral shoulders dated 10/31/13 which reflected positive findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) ultrasound study of the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Regarding the request for ultrasound studies of the bilateral shoulders, California MTUS cites that ultrasonography for evaluation of rotator cuff is not recommended. Within the documentation available for review, there is no documentation of subjective/objective findings consistent with a condition/diagnosis for which ultrasound is supported given the lack of support for its use in the evaluation of the rotator cuff. In the absence of such documentation, the currently requested ultrasound studies of the bilateral shoulders is not medically necessary.