

<b>Case Number:</b>	CM14-0014354		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery 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 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/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:

The injured worker is a 23-year-old female injured on December 29, 2011. No specific mechanism of injury is noted. An "urgent rheumatology consultation" was sought in January, 2014. This was not certified in the preauthorization process. There are ongoing complaints of left shoulder pain; the remainders of the handwritten notes are illegible. The medication protocol includes Lyrica. The diagnosis is listed as a sprain of the shoulder (840.9) and it is noted that no specific physical examination findings that are legible and establish any intra-articular pathology are presented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **URGENT DIAGNOSTIC ULTRASOUND OF RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, SECOND EDITION (2004), ULTRASOUND, DIAGNOSTIC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ULTRASOUND, THERAPEUTIC 8 C.C.R. §§9792.20 - 9792.26 9792.26 MTUS (EFFECTIVE JULY 18, 2009) Page 123 of 127.

**Decision rationale:** When noting the parameters outlined in the California Medical Treatment Utilization Schedule (MTUS), such a study is not recommended. Furthermore, there is no appropriate physical examination assessments provided, no indication of plain films, no enhanced imaging studies (MRI) or other more traditional imaging assessments completed. Therefore, based on this lack of clinical information, this request is not clinically indicated.