

<b>Case Number:</b>	CM14-0138709		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology, 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 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:

According to the records made available for review, this is a 55-year-old female with a 6/14/05 date of injury. At the time (8/18/14) of the Decision for Diagnostic ultrasound of the right shoulder, there is documentation of subjective (neck, shoulder, and low back pain) and objective (tenderness to palpation over paraspinal muscle, restricted range of motion over lumbar spine, and positive sciatic as well as femoral tension signs) findings, current diagnoses (chronic pain syndrome, cervical pain/strain syndrome, cervical disk herniation, lumbar pain/strain syndrome, lumbar radiculopathy, and lumbar disc herniation), and treatment to date (medications, physical therapy, and chiropractic treatment). There is no documentation of suspicion of rotator cuff or biceps tear when MRI is inconclusive or not feasible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic ultrasound of the right 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) Shoulder, Ultrasound, diagnostic

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

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of suspicion of rotator cuff or biceps tear when MRI is inconclusive or not feasible, as a criterion necessary to support the medical necessity of ultrasound. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, cervical pain/strain syndrome, cervical disk herniation, lumbar pain/strain syndrome, lumbar radiculopathy, and lumbar disc herniation. However, there is no documentation of suspicion of rotator cuff or biceps tear when MRI is inconclusive or not feasible. Therefore, based on guidelines and a review of the evidence, the request for Diagnostic ultrasound of the right shoulder is not medically necessary.