

<b>Case Number:</b>	CM14-0037852		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was injured on March 26, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of bilateral wrist pain and decreased grip strength, as well as a trigger finger of the right thumb and right shoulder pain. The physical examination demonstrated tenderness over scars at the volar aspect of the left wrist. There were a positive Tinel's test and Phalen's test at the bilateral wrists. Triggering was noted at the right thumb. The examination of the shoulders noted tenderness of the subacromial region and acromioclavicular joint. There was a positive impingement and cross arm test. Diagnostic imaging studies of the cervical spine revealed multilevel disc protrusions and spondylosis. Nerve conduction studies of the bilateral upper extremities noted moderate bilateral carpal tunnel syndrome. Previous treatment included bilateral carpal tunnel surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat 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) TWC online edition, Chapter: Shoulder (updated 1/20/14, Ultrasound.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** According to the attached medical record, the injured employee had a previous ultrasound of the right shoulder performed on January 10, 2013. The ultrasound was a normal study. There has not been stated to be any change in the injured employee's shoulder symptoms, since that ultrasound was performed. Therefore, this request is not medically necessary.