

<b>Case Number:</b>	CM14-0049879		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 records presented for review indicate that this 61 year-old individual was reportedly injured on August 3, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 5, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated a decreased range of motion and tenderness to palpation. Diagnostic imaging studies objectified a surgical lesion treated with arthroscopic surgery (full thickness rotator cuff tear). Previous treatment includes arthroscopic surgery, multiple medications, postoperative rehabilitation and psychiatric care. A request had been made for an ultrasound of the right shoulder and was not certified in the pre-authorization process on March 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound 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, Shoulder Chapter, ultrasound, diagnostic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ultrasound, therapeutic, p Page(s): 123/127.

**Decision rationale:** As noted in the MTUS the following this is not recommended. When noting there has been more than 6 years of clinical use, the effectiveness has not been established. Therefore, when noting the multiple surgical interventions, treatment today, and the parameters outlined in the MTUS, this is not medically necessary.