

Case Number:	CM14-0193060		
Date Assigned:	11/26/2014	Date of Injury:	03/01/2012
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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:

This is a male patient with the date of injury of March 1, 2012. A Utilization Review dated October 28, 2014 recommended non-certification of one (1) outpatient diagnostic ultrasound study of the left shoulder. A Doctor's First Report dated October 16, 2014 identifies Subjective Complaints of left shoulder pain radiating to the left upper extremity. Objective Findings identify tenderness to palpation is present over the posterior periscapular musculature and subacromial region. There is an active trigger point in the left levator scapula and upper trapezius muscles. There is crepitus noted upon ranging. Diagnoses identify left shoulder periscapular strain with tendinitis, rule out rotator cuff pathology. Treatment Plan identifies request authorization for diagnostic ultrasound study of the left shoulder to rule out rotator cuff pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient diagnostic ultrasound study of the left 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

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

Decision rationale: Regarding the request for outpatient diagnostic ultrasound study of the left shoulder, 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 outpatient diagnostic ultrasound study of the left shoulder is not medically necessary.