

<b>Case Number:</b>	CM15-0220035		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 66 year old male, who sustained an industrial injury on 3-20-15. The injured worker is diagnosed with right radial neuropathy, bilateral ankle sprains and bilateral shoulder sprain-strain with impingement. His work status is modified duty. A note dated 10-6-15 reveals the injured worker presented with complaints of constant, moderate right shoulder and left ankle pain described as dull, sharp, numbness, weakness, ache and soreness and is rated at 7 out of 10. A physical examination dated 10-6-15 revealed tenderness at the right acromioclavicular joint, "SA and SST", crepitus is noted and right shoulder range of motion is decreased. The left ankle is tender "<> m, joint complex, anterior joint, increased pain with inversion and eversion and decreased range of motion. Treatment to date has included physical therapy (7 or 8 sessions) and home exercise program. Diagnostic studies include electrodiagnostic studies (upper extremities). A request for authorization dated 10-6-15 for right shoulder and left knee ultrasound is non-certified, per Utilization Review letter dated 11-9-15.

### 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:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Shoulder, Acute and Chronic..

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The injured worker sustained a work related injury on 3-20-15. The injured worker is diagnosed with right radial neuropathy, bilateral ankle sprains and bilateral shoulder sprain-strain with impingement. Treatments have included physical therapy (7 or 8 sessions) and home exercise program. The medical records provided for review do not indicate a medical necessity for Ultrasound Right Shoulder . The MTUS states that Special studies are not needed to evaluate most shoulder complaints until after a period of conservative care and observation. The Medical records indicate the injured worker is being treated with physical therapy, but the injured worker declined medications. There was no information regarding any other form of treatments that have been provided to the affected parts since the injury. There is no evidence the injured worker has had failed treatment, with adequate conservative care. The MTUS recommends that patients must adhere to exercise and medication regimens.

**Ultrasound left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Ankle and Foot (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The injured worker sustained a work related injury on 3-20-15. The injured worker is diagnosed with right radial neuropathy, bilateral ankle sprains and bilateral shoulder sprain-strain with impingement. Treatments have included physical therapy (7 or 8 sessions) and home exercise program. The medical records provided for review do not indicate a medical necessity for Ultrasound left ankle The MTUS states that For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. The Medical records indicate the injured worker is being treated with physical therapy, but the injured worker declined medications. There is no evidence the injured worker has had failed treatment. with adequate conservative care. The MTUS recommends that patients must adhere to exercise and medication regimens.