

<b>Case Number:</b>	CM15-0220805		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	07/22/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/29/2015
<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: Ohio, West Virginia

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

### 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 injured worker is a 46 year old female who reported an industrial injury on 7-22-2015. Her diagnoses, and or impressions, were noted to include: left shoulder sprain-strain; and rule-out cubital tunnel syndrome. No imaging studies were noted. Her treatments were noted to include: left shoulder physical therapy; and modified work duties. The progress notes of 10-13-2015 reported: constant and severe left shoulder pain, rated 10 out of 10, with weakness, despite 12 out of 12 physical therapy sessions. No objective findings were noted. The physician's requests for treatment were noted to include a left shoulder ultrasound, rule-out internal derangement, and following no improvement with conservative treatment. The Request for Authorization, dated 10-13-2015, was noted for a diagnostic ultrasound study of the left shoulder. The Utilization Review of 10-29-2015 non-certified the request for a diagnostic left shoulder ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Ultrasound Left Shoulder QTY: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder; Ultrasound, Diagnostic.

**Decision rationale:** ODG states regarding shoulder US; Preoperative ultrasound examination of the shoulder permits a reliable diagnosis of complete rotator cuff tears and calcium deposits (calcific tendinitis). The method is less sensitive but sufficiently reliable for the diagnosis of partial rotator cuff tears and pathology of the long biceps tendon. Examiner experience plays an important role in these special cases. (Kayser, 2005) Ultrasonography and magnetic resonance imaging have comparable high accuracy for identifying biceps pathologies and rotator cuff tears, and clinical tests have modest accuracy in both disorders. The choice of which imaging test to perform should be based on the patient's clinical information, cost, and imaging experience of the radiology department. (Ardic, 2006) Ultrasound scan (USS) of the shoulder is an accurate and reliable method of detecting full thickness RCTs, and it can reduce the time from GP referral to definitive diagnosis and management. The diagnostic accuracy of USS compared well with MRI. Clinical assessment alone was unreliable in diagnosing full thickness RCTs. This request is for US to screen for internal derangement, as noted above the US provides a reliable alternative to other imaging and would be indicated after failure of conservative treatment. As such, I am reversing the earlier UR and deem the request for Ultrasound Left Shoulder to be medically necessary.