

Case Number:	CM15-0225736		
Date Assigned:	11/24/2015	Date of Injury:	12/20/2012
Decision Date:	12/31/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/17/2015

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: California

Certification(s)/Specialty: Emergency 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:

This injured worker is a 61 year old individual, who sustained an industrial injury on 12-20-2012. The injured worker was diagnosed as having bilateral shoulder periscapular sprain-strain impingement. On medical records dated 10-14-2015, (hand written progress note was difficult to decipher), the subjective complaints were noted as left shoulder pain, stiffness and decreased range of motion. Pain was rated 7 out of 10. Objective findings were noted as left shoulder tenderness positive impingement and positive crepitus. Treatment to date included injections and therapy. Current medications were not listed 10-14-2015. The Utilization Review (UR) was dated 10-26-2015. A Request for Authorization was dated 10-14-2015. The UR submitted for this medical review indicated that the request for diagnostic ultrasound of the left shoulder was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested Diagnostic ultrasound of the left shoulder, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207- 209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has left shoulder pain, stiffness and decreased range of motion. Pain was rated 7 out of 10. Objective findings were noted as left shoulder tenderness positive impingement and positive crepitus. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, Diagnostic ultrasound of the left shoulder is not medically necessary.