

<b>Case Number:</b>	CM14-0113169		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, and is licensed to practice in Illinois. 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 injured worker is a 28 year old female who reported a date of injury of 02/14/2014. The mechanism of injury was a fall. The injured worker had a diagnosis of right shoulder impingement. Prior treatments included physical therapy. The injured worker had x-rays and an MRI on 02/22/2014 with official findings of tendinosis, mild degenerative arthritis, of the acromioclavicular joint and a partial tear of the subscapularis tendon. Surgeries were not included within the medical records received. The injured worker had complaints of increased right shoulder pain at 8-9/10, stiffness and weakness, difficulty grooming and difficulty showering. The clinical note dated 06/05/2014 noted the injured worker had positive signs of right shoulder impingement and tenderness to palpation. The injured worker's range of motion had 80 degrees of flexion, 10 degrees of extension, 48 degrees of abduction, 14 degrees of adduction, 14 degrees of internal rotation and 14 degrees of external rotation. The physical therapy note dated 06/19/2014 indicated the injured worker stated the more she tried to use her shoulder, the more it ached. The injured worker reported the pain was 7/10. The injured worker's range of motion had 70 degrees of external rotation, 52 degrees of internal rotation and 50 degrees of extension. It was noted the injured worker's right shoulder had continued to show decreased strength, functional mobility and range of motion with the need for the injured worker to continue physical therapy. Medications included Tylenol #3, Norco, Tramadol, Flexeril, Robaxin, Ultram and Neurontin. The treatment plan included the referral for a diagnostic ultrasound of the right shoulder and physical therapy. The physician's rationale was for the consideration of invasive treatment if the injured worker had no benefit or improvement with physical therapy. The request for authorization form was not received.

### 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 ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Ultrasound, diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound, diagnostic.

**Decision rationale:** The request for a right shoulder ultrasound is not medically necessary. The injured worker had complaints of increased right shoulder pain rated 8-9/10, with stiffness, weakness, difficulty grooming and difficulty showering. The injured worker had a MRI on 02/22/2014 with official findings of tendinosis, mild degenerative arthritis of the acromioclavicular joint and partial tear of the subscapularis tendon. The Official Disability Guidelines note diagnostic ultrasound can rule out the presence of a rotator cuff tear. The guidelines note either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. Its accuracy for operatively treated shoulders appears to be comparable with that previously reported for shoulders that had not been operated on. The injured worker had positive signs of right shoulder impingement and tenderness to palpation. There is a lack of documentation demonstrating the injured worker's need for additional diagnostic testing as the injured worker underwent an MRI in 02/2014. The requesting physician does not indicate how performing additional diagnostic testing will alter the treatment plan. As such, the request is not medically necessary.