

<b>Case Number:</b>	CM14-0210856		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/29/2004
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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, California

Certification(s)/Specialty: Family Practice

### 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 49 years old female patient who sustained an injury on 10/29/2004. She sustained the injury due to cumulative trauma. The current diagnoses include cervical spine sprain/strain with left upper extremity radiculopathy and left shoulder impingement with calcific tendinitis. Per the doctor's note dated 11/14/2014, she had complaints of neck pain and bilateral shoulder pain. The physical examination revealed left shoulder- tenderness on palpation, decreased range of motion and positive impingement; cervical spine- tenderness and spasm, positive compression, decreased sensation in right and left upper extremity, range of motion- flexion 40, extension 48, right/left rotation 68/66 and right/left lateral bending 32/32 degrees. The medications list includes tylenol and flector patches. She has had MRI report of the cervical spine dated 4/20/2011 which revealed straightening of the normal lordotic curvature with a 2 mm posterior disc protrusion at C4-C5 causing pressure over the anterior aspect of the thecal sac, a 2 mm posterior disc protrusion at C5-6 causing pressure on the anterior aspect of the thecal sac and a 2 mm disc protrusion at C6-7 causing pressure over the anterior aspect of the thecal sac; shoulder ultrasound which revealed calcific tendinitis, more than 50% tear of the distal supraspinatus tendon with undersurface tearing of the subscapularis tendon and fraying of the infraspinatus tendon, and tendinosis of the long head of biceps tendon with a discrete tear of the right shoulder; EMG/NCS of upper extremity dated 9/26/13 which revealed normal findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral shoulder ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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); Chapter: Shoulder (updated 10/31/14) Ultrasound, diagnostic

**Decision rationale:** Per the cited guidelines, shoulder ultrasound is "Recommended as indicated below. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that 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. (Dinnes, 2003) Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation." Per the records provided, patient has already had shoulder ultrasound which revealed calcific tendinitis, more than 50% tear of the distal supraspinatus tendon with undersurface tearing of the subscapularis tendon and fraying of the infraspinatus tendon, and tendinosis of the long head of biceps tendon with a discrete tear of the right shoulder. Date of this study is not specified in the records provided. Significant changes in patient's condition since this ultrasound that would require repeat ultrasound is not specified in the records provided. Response to previous conservative therapy including physical visits is not specified in the records provided. The medical necessity of bilateral shoulder ultrasound is not fully established for this patient.