

Case Number:	CM15-0117488		
Date Assigned:	06/25/2015	Date of Injury:	04/18/2011
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 04/18/2011. On provider visit dated 05/13/2015 the injured worker has reported left shoulder pain. On examination, the left shoulder revealed tenderness to palpation. The diagnoses have included left shoulder strain/sprain NOS. The injured worker was noted to be temporary totally disabled. Treatment to date has included medication and home exercise program. The provider requested Left Shoulder Diagnostic Ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Diagnostic Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 214.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, left shoulder diagnostic ultrasound is not medically necessary. According to the ACOEM, diagnostic

ultrasound is not recommended. Either MRI or ultrasound could equally be used for detection of full thickness rotator cuff tears, all the while the sound may be better at picking up partial tears. Ultrasound may be more cost-effective in the specialist hospital setting for identification of full thickness tears. Ultrasound is highly accurate imaging for evaluation of the integrity of the rotator cuff in shoulders that have undergone an operation. In this case, the injured worker's working diagnoses are status post L5/S1 hemilaminotomy, foraminotomy and decompression; left shoulder; history of left elbow. Documentation from a May 13, 2015 progress note is largely illegible. It is difficult to read the diagnoses, subjective and objective complaints documented in the progress note. As a result, there is no legible clinical indication or rationale for left shoulder diagnostic ultrasound. Additionally, the ACOEM does not recommend diagnostic ultrasound. Consequently, absent legible clinical documentation for the clinical indication and rationale for a diagnostic ultrasound, left shoulder diagnostic ultrasound is not medically necessary.