

<b>Case Number:</b>	CM15-0066417		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: North Carolina

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:

The injured worker is a 67 year old male who sustained an industrial injury on 08/07/2008. Current diagnosis includes status post right shoulder surgery. Previous treatments included medication management, acupuncture, shoulder surgery, and home exercise program. Report dated 02/25/2015 noted that the injured worker presented with complaints of the right shoulder that are unchanged. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included awaiting authorization for acupuncture, request for diagnostic ultrasound, and refill medications. Disputed treatments include diagnostic ultrasound of the right shoulder. Of note several of the documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic ultrasound of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 208-209.

**Decision rationale:** The ACOEM chapter on shoulder complaints states: Selecting specific imaging equipment and procedures will depend on the availability and experience of local referrals. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. The provided clinical documentation for review does not meet ACOEM criteria for imaging and therefore is not medically necessary.