

<b>Case Number:</b>	CM15-0077540		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/24/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of March 24, 2013. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for diagnostic ultrasound testing of the bilateral shoulders. A pain management consultation, however, was approved. The claims administrator referenced an RFA form received on March 25, 2015 in its determination, along with progress notes dated March 18, 2015 and January 15, 2015. The applicant's attorney subsequently appealed. In an RFA form dated March 18, 2015, ultrasound testing of bilateral shoulders and a pain management consultation were proposed. In an associated progress note of the same date, March 18, 2015, handwritten, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability for an additional six to eight weeks. Ongoing complaints of neck and low back pain were reported. Ancillary complaints of shoulder pain were noted. The applicant exhibited 153 degrees of right shoulder flexion versus 170 degrees of left shoulder flexion with positive signs of internal impingement appreciated. The note, as noted previously, was very difficult to follow, handwritten, and not altogether legible. The applicant was apparently using Norflex for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Ultrasound, Bilateral Shoulders: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 214. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed: Table 1. Summary of Recommendations for Diagnostic and Other Testing for Shoulder Disorders Ultrasound for patients suspected of having rotator cuff tears, tendinoses or impingement - Recommended, Insufficient Evidence (I) Ultrasound to diagnose rotator cuff tears - Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the request for ultrasound testing of the bilateral shoulders was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 208, the primary criteria for ordering imaging studies include evidence of failure to progress in strengthening program intended to avoid surgery and/or clarification of the anatomy prior to an invasive procedure. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure involving either shoulder. The applicant appeared to carry diagnoses of bilateral shoulder impingement syndrome. The attending provider's handwritten progress note of March 18, 2015, however, was difficult to follow, not entirely legible, and did not include either an explicit statement (or an implicit expectation) that the applicant would act on the results of the study in question and/or consider a surgical intervention involving the same. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 also notes that ultrasonography for evaluation of rotator cuff is deemed "not recommend." While a more recently updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Shoulder Chapter does recommend ultrasound imaging for applicants suspected of having rotator cuff tears, tendinoses, or impingement syndrome, in this case, again, it was not clearly stated what was sought. It was not clearly stated what was suspected. The March 18, 2015 progress note did not elaborate or expound how the proposed shoulder ultrasound testing would influence or alter the treatment plan. The fact that ultrasound testing of the bilateral shoulders were ordered significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The primary criteria for pursuit of imaging studies set forth on page 208 of the ACOEM Practice Guidelines, thus, have not been met. Therefore, the request was not medically necessary.