

<b>Case Number:</b>	CM14-0141429		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50 year old female whose date of injury is 04/21/2011. The mechanism of injury is noted as hitting her right elbow and shoulder while pushing through a cart by the bathroom door. Electromyography/nerve conduction velocity (EMG/NCV) dated 06/13/11 revealed moderate right carpal tunnel syndrome. The injured worker underwent right distal forearm flexor fasciotomy, right carpal tunnel release, wrist flexor tenosynovectomy, and neurolysis of the median nerve. The injured worker underwent right shoulder arthroscopic subacromial decompression, distal clavicle resection and extensive debridement of the superior labrum degenerative tear on 09/18/13. Treatment to date also includes immobilization, medication management, steroid injections, physical therapy, acupuncture and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder ultrasound:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for right shoulder ultrasound is not recommended as medically necessary. The prior request was denied on the basis that the injured worker continues to have significant complaints and objective findings in the most recent evaluation; however, objective evidence to show that adequate conservative care has been completed prior to the request has not been presented. A specific procedure contemplated that may benefit from the study requested was not mentioned as well. There is insufficient information to support a change in determination, and the previous denial is upheld. No additional information was provided to address the issues raised by the initial denial. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines (ODG).