

Case Number:	CM13-0033814		
Date Assigned:	12/06/2013	Date of Injury:	09/21/2012
Decision Date:	02/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in Florida. 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 physician 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.

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 patient is a 48-year-old male who reported an injury on 09/21/2012 after he lifted a 40 to 50 pound object, causing injury to his right shoulder, right side of his neck and right arm. The patient's most recent clinical examination findings included tenderness to palpation to the shoulder joint and rotator cuff and limited range of motion. It is noted within the documentation that the patient has metal hardware inserted in the patient's ear that prevents safe usage of an MRI. The patient's treatment plan included the continuation of medications and a CT arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

right shoulder CT scan with Intra articular contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Myelography

Decision rationale: The American College of Occupational and Environmental Medicine recommends imaging studies for the emergence of red flags, physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The clinical

documentation submitted for review did not provide any evidence of a specific diagnosis or physical findings of internal derangement. Although a CT arthrogram would be appropriate as the patient does have contraindications to an MRI, the requested CT arthrogram is not medically indicated as there are no physical findings or diagnoses consistent with the suspicion of internal derangement that would benefit from surgical intervention. As such, the requested right shoulder CT scan with intra-articular contrast is not medically necessary or appropriate.