

Case Number:	CM13-0037163		
Date Assigned:	12/13/2013	Date of Injury:	06/17/2009
Decision Date:	02/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery 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 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. 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 patient is a 64-year-old female who reported a work related injury on 06/17/2009, specific mechanism of injury not stated. The patient subsequently is status post arthroscopic capsulotomy, manipulation, subacromial decompression, as of 04/21/2011. The clinical note dated 07/30/2013 reports the patient was seen under the care of [REDACTED], Chiropractor. The provider documents the patient reports continued pain complaints to the cervical spine and bilateral shoulders and lumbar spine. The provider reported decreased mobility to the cervical spine with a positive Spurling's test and hypoesthesia in the C4-5 dermatomal distribution. The provider documented the patient presented with the following diagnoses, cervical spine sprain/strain, lumbar spine sprain/strain, right shoulder sprain/strain, and symptoms of gastritis. The provider recommended the patient undergo injection therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right shoulder with fine cuts and coronal & saggital reconstructions:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical notes submitted for this review specifically lacked evidence of a recent thorough physical exam of the patient's right upper extremity to evidence any significant change in condition or red flag findings as per California MTUS/ACOEM Guidelines to support imaging of the patient's right shoulder at this point in her treatment. California MTUS/ACOEM Guidelines indicate primary criteria for ordering imaging studies or emergence of a red flag, physiologic evidence of tissue insult, or neurovascular dysfunction and failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Given all of the above, the request for CT scan of right shoulder with fine cuts and coronal and sagittal reconstructions is not medically necessary or appropriate.