

<b>Case Number:</b>	CM13-0041032		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/22/1952
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 61-year-old female who was injured in a work related accident on October 5, 2005. The records provided for review included a September 16, 2013 clinical assessment noting ongoing complaints of pain and that the claimant was status post carpal tunnel release times two with continued complaints of pain in the right shoulder. It documented that a recent corticosteroid injection of the shoulder provided only temporary relief. Physical examination showed restricted range of motion to 90 degrees of active elevation of the shoulder with limited internal rotation and weakness with resisted movements. Radiographs of the shoulder demonstrated severe glenohumeral osteoarthritis. The claimant's working diagnoses was right shoulder glenohumeral osteoarthritis with subsequent left shoulder pain. Recommendations were for MRI scan of the right shoulder to rule out rotator cuff pathology based on the claimant's failed response to conservative care including physical therapy and corticosteroid procedures. Further documentation in September 2013 also noted a need for a CT scan of the shoulder to rule out a glenoid deformity that would preclude the claimant from undergoing shoulder arthroplasty. The report documented that shoulder arthroplasty was recommended for treatment of the claimant's advance osteoarthritic changes in the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT MYELOGRAM:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - COMPUTED TOMOGRAPHY (CT)

**Decision rationale:** The specific question posed for this review is "CT myelogram". Based upon review of the medical records provided, the physician did not recommend a "CT myelogram" but did recommend a CT scan of the shoulder. The physician documents that he is planning on shoulder arthroplasty due to the significant deformity of the claimant's glenoid and recommends a CT scan to assist in preoperative planning for the appropriate implant or surgical process. While a CT scan would be medically necessary in this case to assist the physician in surgical planning, a CT myelogram is not a diagnostic study used to evaluate the shoulder and therefore, cannot be recommended.

**MRI OF THE LEFT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**Decision rationale:** Based on California ACOEM Guidelines, an MRI scan of the shoulder cannot be recommended as medically necessary. There is conflicting Final Determination Letter for IMR Case Number CM13-0041032 4 documentation in the records provided for review in this case whether the physician is recommending rotator cuff assessment versus other forms of preoperative planning including a CT scan for surgical arthroplasty. Based upon documentation identifying the claimant's significant underlying degenerative changes to the glenohumeral joint, there would be no need for an MRI to assess the claimant's rotator cuff status as that does not appear to be in the forefront of the clinical picture. The specific role of the MRI scan as requested would thus not be supported.