

Case Number:	CM13-0068277		
Date Assigned:	01/03/2014	Date of Injury:	07/30/2010
Decision Date:	05/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 injured worker is a 41-year-old male who reported an injury on 07/30/2010. The mechanism of injury was not stated. Current diagnoses include right shoulder subacromial bursitis, right shoulder impingement, right shoulder AC joint symptoms, right shoulder adhesive capsulitis, right shoulder SLAP lesion, right shoulder rotator cuff tendinosis, left shoulder subacromial bursitis, and left shoulder impingement. The latest Physician's Progress Report submitted for this review is documented on 11/01/2013. The injured worker reported 8/10 pain in the right shoulder and 5/10 pain in the left shoulder. Physical examination revealed limited range of motion of bilateral shoulders, tenderness over the AC joint on the right, positive subacromial bursitis and impingement on the right, 4/5 strength on the right, positive O'Brien's testing on the left, positive subacromial bursitis and impingement on the left, intact sensation, and 4/5 strength on the left. Treatment recommendations at that time included continuation of current medication and authorization for a right shoulder arthroscopic subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, then a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause may be considered. There is no comprehensive physical examination of the cervical spine provided for this review. The injured worker does not maintain a diagnosis related to the cervical spine. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary and appropriate.