

Case Number:	CM13-0069269		
Date Assigned:	01/03/2014	Date of Injury:	12/20/2011
Decision Date:	04/11/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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 Hand 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 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 patient is a 51-year-old male/female who reported an injury on December 20, 2011. The July 23, 2013 clinic note reported a complaint of right shoulder pain. The examination noted that the right subacromial space had severe tenderness to palpation with positive Hawkins and Neer tests. He had forward flexion and abduction limited to 120 degrees and limited internal range of motion. The August 24, 2013 shoulder x-ray noted a subarticular cystic lesion involving the glenoid that could represent a focus of fibrous dysplasia. Additional consideration was indolent infection and neoplasm. His July 18, 2013 MRI revealed evidence of an extensive old labral avulsion injury involving the posterior labral margin with additional deformity of the superior and anteroinferior labral margin. Acromioclavicular joint arthropathy was also noted without significant encroachment on the acromial outlet, as well as, tendinosis of the supraspinatus tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

A COMPUTED TOMOGRAPHY (CT) OF THE LEFT ULNA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California ACOEM Guidelines state that computed tomography scans for the forearm may be indicated if symptoms have not resolved in four to six weeks and the patient has joint effusion. Additionally, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The documentation submitted did not provide evidence of the above and therefore, does not meet guideline requirements. As such, the request is non-certified.