

Case Number:	CM13-0069758		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2011
Decision Date:	06/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of March 23, 2011. A utilization review determination dated December 2, 2013 recommends non-certification for a CT scan of the right shoulder. Non-certification is recommended due to no specific diagnosis for which the CT scan is being requested, no report of findings on a routine shoulder x-ray, and no supporting evidence of instability. An x-ray report dated November 22, 2013 identifies a normal right shoulder radiograph. A CT scan of the right shoulder dated November 22, 2013 identifies a subchondral cyst, mild supraspinatus tendinitis, and mild infraspinatus tendinitis. A progress report dated October 18, 2013 includes subjective complaints of right shoulder and neck pain. The physical examination identifies reduced cervical range of motion, and tenderness to palpation around the right shoulder SC joint and AC joint. Range of motion is slightly reduced. The note indicates that shoulder abduction sign is positive with signs of impingement including positive Neer test and positive Hawkins test. Diagnoses include right shoulder adhesive capsulitis, right shoulder subacromial and subdeltoid bursitis, right shoulder impingement syndrome, and right shoulder rotator cuff syndrome. The treatment plan recommends physical therapy and orthopedic consultation for the right shoulder. Additionally, a CT scan of the right shoulder is recommended.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559. Decision based on Non-MTUS Citation ODG Shoulder, Computed Tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Complaints, Computed Tomography (CT).

Decision rationale: Regarding the request for left shoulder CT scan, Occupational Medicine Practice Guidelines state that the primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends CT scan after x-ray for suspected labral tear and full thickness rotator cuff tear. Within the documentation available for review, it is clear the patient has some signs of impingement, tendinitis, or bursitis. However, it does not appear that the patient has failed conservative treatment options prior to this current request for a CT scan. The requesting physician has recommended 24 physical therapy sessions, which presumably would indicate that the patient may benefit from ongoing conservative care. As such, it is unclear how the CT scan will affect the current medical decision-making. Additionally, there are no physical examination findings suggestive of a red flag, labral tear, or instability for which a CT scan may be indicated prior to the completion of conservative treatment. In the absence of clarity regarding those issues, the currently requested CT scan of the right shoulder is not medically necessary.