

Case Number:	CM13-0071853		
Date Assigned:	01/08/2014	Date of Injury:	05/13/2013
Decision Date:	04/02/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working least at 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 42 year old male with a date of injury on 05/13/2013. According to the evaluation on 05/14/2013, the patient was pushing a trolley with clothes that began to fall and he strained his lower back trying to support the trolley. There was no documentation of a left shoulder injury. He denied falling or having blunt trauma. There was no numbness or tingling. He had tenderness of the paraspinal muscles. The diagnosis was lumbosacral sprain/strain. He was placed on modified work and given medications. On 05/14/2013 he had a lumbar spine x-ray which was normal. On 06/27/2013 there was a different description. He noted that he placed the trolley back on the track and had back pain and left shoulder pain. He finished working that shift and saw a provider the next day. On 06/27/2013, the left shoulder flexion was 160 degrees and on the right 180 degrees. Adduction was 35 degrees on the left and 55 degrees on the right. Extension was 40 degrees on the left and 50 degrees on the right. Left shoulder impingement signs were present. On 09/05/2013 it was noted that physical therapy would be extended. On 10/17/2013 he complained of left shoulder tenderness that increased with pressure and impingement. On 11/21/2013 he had pain and stiffness of the left shoulder and lower spine with radiation to the lower extremities. The left shoulder exam and lumbar exam were unchanged. He had 12 physical therapy visits but the response to therapy was not documented. He has a metallic foreign body in his left eye and that precludes a MRI. As noted in the 11/21/2013 a plain CT of the shoulder with no contrast was done and in order to ascertain if there is internal derangement a CT arthrogram is needed and was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT arthrogram of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupation Medicine Practice Guidelines, 2nd Edition, 2008 pp. 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Shoulder.

Decision rationale: The patient had a left shoulder injury and has been treated with physical therapy. From 06/27/2013 to 11/21/2013 there has not been any improvement in the left shoulder. He has signs of impingement with pain and limited range of motion despite 12 physical therapy visits. He has failed conservative treatment. Both MTUS ACOEM and ODG state that the imaging test of choice for further investigation of internal derangement of the shoulder would be a MRI. The requested CT arthrogram would only be needed if a MRI was contraindicated. In this case a MRI cannot be done because of the metallic foreign body in his eye. Therefore, the requested left shoulder CT arthrogram is indicated for pre-surgery evaluation.