

Case Number:	CM14-0104186		
Date Assigned:	07/30/2014	Date of Injury:	01/10/2012
Decision Date:	10/06/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/07/2014

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 Medicine and is licensed to practice in New York and 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 injured worker is a 45 year old male who sustained an injury to his left shoulder on 01/10/12 due to cumulative trauma while performing his usual and customary duties as a lab technician; he developed a progressive onset of neck, left shoulder, left wrist and hand pain from continuous/repetitive use of the left arm to stabilize and focus a microscope. The injured worker underwent arthroscopy of the left shoulder and intraoperative findings revealed anterosuperior glenoid labral tear, which was repaired, as well as chondroplasty of the glenoid fossa. Treatment to date has included physical therapy, Xray, cold therapy, shoulder sling, as well as carpal tunnel release. The progress report dated 05/28/14 reported that the injured worker continued to have shoulder pain that increases with reaching, driving and over the shoulder activities. Physical examination noted reduced range of motion of the left shoulder and cervical spine; audible crepitus of the left shoulder with passive range of motion; 4/5 rotator cuff strength; positive left shoulder impingement sign; deep tendon reflexes (DTRs) active; and motor 5/5 in the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reformatted CT scan of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder cahpter, Computed tomography (CT)

Decision rationale: The request for reformatted CT scan of the left shoulder is not medically necessary. The basis for denial of the previous request was not provided. There was no report of a new acute injury or exacerbation previous symptoms. There was no mention that another surgical intervention was anticipated. There were no physical examination findings of increased reflex or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced CT. There were no additional significant 'red flags' identified. Given this, the request for reformatted CT scan of the left shoulder is not indicated as medically necessary.