

Case Number:	CM14-0017828		
Date Assigned:	04/16/2014	Date of Injury:	06/19/2012
Decision Date:	07/14/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 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 36 year old female who was injured on 06/19/2012. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the right shoulder dated 09/26/2013 demonstrates excellent visualization of the joint capsule. There is no full thickness tear of rotator cuff, nor leakage of contrast into the subdeltoid area. There is a normal amount of contrast in bicipital tendon groove and minimal impingement at AC level. Encounter summary dated 01/28/2014 states the patient complains of right shoulder pain. She reports the pain in severe and her worst pain is rated as 8/10 and has some associated weakness. The aggravating factors are activity, work and exercise; and the alleviating factors are rest, heat, and ice. She has had an injection and physical therapy in the past which she states has helped. On exam, the right shoulder has no misalignment, atrophy, erythema, induration, swelling, warmth, or scapular winging and AC prominence normal. Special tests performed of the right shoulder were Hawkin's test negative; Neer's test negative; O'Brien's test negative; Speed's test negative; empty can sign negative, subscapularis strength test normal, anterior slide test negative; Yergason's test negative, and Drop Arm test negative. There is stability on the right without dislocation or laxity; anterior relocation test is negative; apprehension test is negative, and load and shift test are negative; posterior apprehension test is negative and sulcus sign is negative. Her strength on the right exhibits external rotation at 0 degrees of abduction 5/5; 90 degrees of abduction 5/5; adduction 5/5; flexion 5/5; extension 5/5; internal rotation is 5/5 and scapular elevation is 5/5. There is no cervical lymphadenopathy. There is no palpable axillary lymphadenopathy. Shoulder testing shows no focal deficit or point tenderness although the patient is very anxious with exam and is shaking at rest. The patient's cervical MRI and shoulder MRI are negative. Her rotator cuff is intact. The treating provider has requested a bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE SCAN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, Surgery for shoulder dislocation.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Bone scan is recommended in cases of tumor and, and infection. According to the Official Disability Guidelines (ODG), Bone scan is recommended in cases of partial acromioclavicular joint separation. The medical records document the patient complained of right shoulder pain, magnetic resonance imaging (MRI) arthrogram right shoulder was dated 9/26/2013 revealed no full thickness tear of rotator cuff and minimal impingement at AC level. In the absence of documented any injury in the acromioclavicular joint and in the absence of any pathological abnormality in the right shoulder joint, the request is not medically necessary according to the guidelines.