MAXIMUS Federal Services

Case Number:	CM14-0122024		
Date Assigned:	09/16/2014	Date of Injury:	02/27/2012
Decision Date:	11/05/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/01/2014

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 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:

The injured worker is a 49-year-old male with a reported injury on 02/27/2012. The mechanism of injury was running through the airport with a 40 to 50 pound computer bag swung over his shoulder. The injured worker's diagnoses included cervical myoligamentous injury with right upper extremity radiculopathy, right shoulder internal derangement with partial thickness rotator cuff tear, and severe bilateral carpal tunnel syndrome, right greater than left. The injured worker's diagnostic testing included an EMG of the bilateral upper extremities on 01/21/2013 which showed bilateral carpal tunnel syndrome, a cervical spine MRI on 01/14/2013, a right shoulder MRI on 01/14/2013 which showed a partial thickness tear of the proximal biceps and anterior fibers of the distal supraspinatus tendon and there was acromioclavicular degenerative joint disease and global tendinosis. On 06/05/2014, the injured worker also had CT scans of the right clavicle and sternoclavicular joint. The CT of the right clavicle showed a transverse fracture through the proximal third of the clavicle with several associated fragments and a small area of calcification inferior and medial to the fracture which was likely related to an area of heterotopic ossification. The sternoclavicular joint CT was normal. The injured worker's surgical history included a right carpal tunnel release on 05/01/2014. The most recent physical exam provided for review is dated 06/24/2014. The injured worker complained of right proximal clavicular pain. The clinician observed and reported right wrist had full range of motion and the right proximal clavicle was tender to palpation. The clinician's treatment plan was to get the CT scan and MRI scan and a DEXA scan. The rationale was a right proximal clavicle fracture with no history of trauma, possible pathologic fracture. No Request for Authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The request for MRI of the right clavicle is not medically necessary. The injured worker continued to complain of right proximal clavicle pain. The California MTUS/ACOEM Guidelines state that routine MRI evaluation of shoulder disorders without surgical indications is not indicated. The clinician indicates the need for the MRI of the right clavicle to rule out pathologic fracture; however, the CT scan dated 06/05/2014 shows transverse fracture through the proximal third of the clavicle with several associated fragments. An MRI of the right clavicle would be a redundant study. The clinician does not indicate how the results of the MRI would impact the patient's treatment plan. Therefore, the request for MRI of the right clavicle is not medically necessary.

DEXA scan right CTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideliens (ODG), pain chapter, imaging studies and http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/dx/musc/dxa.aspx

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Bone densitometry.

Decision rationale: The request for DEXA scan right CTS is not medically necessary. The injured worker was found to have a transverse fracture through the proximal third of the clavicle with several associated fragments. The Official Disability Guidelines recommend bone densitometry for selected patients to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture. Osteoporosis does not appear to have a direct causal relationship to work injury or work exposures, so authorization of services for diagnosis or treatment of osteoporosis should not be commonly considered or approved in Workers' Comp. It may be appropriate to monitor for osteoporosis in individuals who are being treated for other conditions if that condition or the treatment of the condition is associated with the development of osteoporosis for example monitoring of an individual who is appropriate age and treated for a condition with prednisone at doses greater than 7.5 mg per day for more than 3 months. The injured worker's mechanism of injury was running through the airport with a 40 to 50 pound computer bag swung over his shoulder. The injured worker is a 49-year-old male with no provided history of long term corticosteroid/prednisone use which does

not make him at high risk for osteoporosis. Therefore, the request for DEXA scan right CTS is not medically necessary.