

Case Number:	CM14-0134749		
Date Assigned:	08/27/2014	Date of Injury:	05/26/2005
Decision Date:	10/21/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 45 year-old patient sustained an injury on 5/26/05 while employed by [REDACTED]. Request(s) under consideration include CT upper extremity (Left shoulder CT) w/o dye. Diagnoses include chronic cervicalgia, history of failed cervical spine surgery syndrome, intractable bilateral upper extremity radicular pain; predominant left shoulder region arthralgia; and recurrent myofascial strain. Conservative care has included medications of opioids, physical therapy, epidural steroid injections, spinal cord stimulation placement, and modified activities/rest. Current medications list Tizanidine, Gabapentin, and Ibuprofen. Report of 7/23/14 from the provider noted the patient with effective relief of left shoulder and cervicalgia following SCS device implantation in March. Shoulder MRI was peer-reviewed previously with non-certification. Exam showed restricted painful cervical range of motion; no DTRs, sensory, or motor deficits identified; left shoulder with impingement signs with no instability noted. The request(s) for CT upper extremity (Left shoulder CT) w/o dye was non-certified on 8/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the upper extremity w/o dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Computed tomography (CT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209.

Decision rationale: There are no x-ray results provided. The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Guidelines state routine imaging is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with lack of neurological deficits, instability or rotator cuff/ labral tear. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT upper extremity (Left shoulder CT) w/o dye is not medically necessary and appropriate.