

<b>Case Number:</b>	CM14-0136059		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/09/1995
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 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 64-year-old male who reported an injury on 05/09/1995, reportedly sustained injuries to his left knee and upper extremities. The injured worker's prior treatment included MRI of the cervical spine, EMG studies, surgery, medications, and physical therapy. The injured worker was evaluated on 08/04/2014, and it was documented that the injured worker complained of neck, right shoulder, bilateral upper extremities, and bilateral knees pain. The injured worker complained of cervical spine and right shoulder pain and stated he had occasional pain, which was rated at 7/10 to 8/10. He noted pain within his cervical spine had improved since his last visit; however, his right shoulder remains unchanged. The injured worker was taking Norco, which decreases pain from level 8/10 to 5/10. He was also taking OxyContin, which decreases his pain level from 8/10 to 3/10. He was taking Lyrica for neuropathic pain that helps decrease his pain from level 8/10 to level 4/10. He also utilizes Norflex, which helps decrease his pain level from an 8/10 to a 4/10 and also helps his muscle spasms. He currently obtains all his medications from Pain Management. Objective findings: examination of the bilateral shoulders revealed decreased range of motion left greater than right. There was tenderness over the acromioclavicular joint. There was decreased strength with flexion and extension 4/5. Positive Neer's impingement and Hawkin's bilaterally. Diagnoses included cervical disc disease, status post cervical fusion, and lumbar disc disease, bilateral total knee replacement with chronic pain, left shoulder pain status post dislocation on 06/12/2014, right shoulder sprain/strain, and bilateral ankle sprain/strain. In the documentation, it was noted the injured worker's left shoulder was dislocated 1 week after his neck surgery when he was reaching back to scratch his back. He related it actually coming out of the socket, and he put it back in place and since then had persistent pain. Therefore, the provider was requesting a CT scan for the left shoulder. It was documented the MRI study was approved last month, although he

cannot undergo MRI study due to the hardware that was present within the cervical spine. The Request for Authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CT Scan Left Shoulder:** 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209..

**Decision rationale:** The request for Computed Tomography of left shoulder is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Imaging studies may be considered for a patient whose limitations due to consistent symptoms persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). The provider failed to indicate if conservative care measures have been provided to the left shoulder. Given the above, the request is not medically necessary.