

Case Number:	CM14-0166658		
Date Assigned:	10/13/2014	Date of Injury:	01/15/2006
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 & 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:

The underlying date of injury in this case is 01/15/2006. The date of the utilization review under appeal is 09/30/2014. Since 12/17/2014, the patient was seen in physiatrist follow-up regarding neck and right shoulder pain. The patient was noted to have a history of multiple shoulder surgeries with findings consistent with postsurgical changes on MRI imaging and ongoing chronic shoulder and neck pain. The treating physician recommended a tagged white blood cell scan. An initial physician review concluded that a tagged white cell study may help in finding an infection not obvious on other studies but that this would not be the first line in evaluating patients for a shoulder injection but rather a joint aspiration would be most useful in making the diagnosis as well as directed treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tagged White Blood Cell Scan: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-3.

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

Decision rationale: ACOEM Guidelines, Chapter 9 Shoulder, page 209, discusses the ability of various techniques to identify and define shoulder pathology. This table gives substantial discretion to a physician in selecting a desired form of diagnosis. For assessment of infection, nuclear techniques are strongly supported for assessment of infection, including a 3+ rating for a bone scan or 3+ rating for MRI. Laboratory studies, such as assessment of aspirated fluid, were also given a 3+ rating. The conclusion by the prior physician review that joint aspiration is first line and a tagged white cell scan is second line is not clearly supported by the guidelines but rather the guidelines would support discretion by the physician for either procedure. For that reason, with regard to the request for a tagged white blood cell scan, this is medically necessary.