MAXIMUS Federal Services

Case Number:	CM14-0181503		
Date Assigned:	11/06/2014	Date of Injury:	07/17/2006
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/31/2014

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 53-year-old female with an original injury on July 17, 2006. The industrial diagnoses included chronic neck pain, cervical disc herniation, overuse syndrome of the bilateral upper extremities, chronic thoracic strain, and rotator cuff syndrome. The patient has a history of cervical discectomy and fusion performed from an anterior approach. There is also documentation of shoulder surgery. In more recent progress report on September 8, 2014 documents positive impingement maneuvers noted in both shoulders. The disputed issue is a request for CT scan of the right shoulder. This was denied in a utilization review determination, in which the utilization of your cited that the only significant finding on physical examination where positive impingement maneuvers. There was no indication of x-ray studies of the shoulders, and the reviewer felt that a CT scan of the right shoulder was not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Right Shoulder with contrast as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196 & 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Computed tomography (CT)

Decision rationale: The ACOEM Practice Guidelines, Shoulder Complaints Chapter on pages 207-208 state the following:"Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance _ imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. 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. Imaging findings can be correlated with physical findings.Primary criteria for ordering imaging studies are:oEmergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) oPhysiologic 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 Ray- naud's phenomenon) oFailure to progress in a strengthening program intended to avoid surger y. oClarification of the anatomy prior to an invasive procedure (e.g., a full- thickness rotator cuff tear not responding to conservative treatment)"The Official Disability Guidelines (ODG), Shoulder Chapter states the following regarding shoulder computed tomography (CT):"Recommended as indicated below. In proximal humeral fractures (also called a broken shoulder) a CT should be performed--independently of the number of fractured parts--when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to establish a treatment plan. Conventional X-rays with AP view and a high-quality axillary view are useful for primary diagnostics of the fracture and often but not always show a clear presentation of the relevant bony structures such as both tuberosities, the glenoid and humeral head. CT with thin slices technology and additional 3 D imaging provides always a clear presentation of the fractured region. (Bahrs, 2009)Indications for imaging -- Computed tomography (CT):- Suspected tears of labrum - Plain x-ray, then CT- Full thickness rotator cuff tear or SLAP tear - clinically obvious or suspected - Plain x-ray and ultrasound, then MRI or CT- Recurrent instability - CT arthrogram (Newberg, 2000)- In proximal humeral fractures when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to establish a treatment plan. (Bahrs, 2009)"Regarding the request for shoulder CT scan, ACOEM Practice Guidelines state that the primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends CT scan after x-ray for suspected labral tear and full thickness rotator cuff tear. Within the documentation available for review, there is a recent physical examination and progress note associated with this request on date of service 9/3/2014. There is no discussion of prior treatment or previous studies including plain film x-rays of the shoulders. The patient on exam decreased AROM, positive Hawkin's testing bilaterally and positive Neer's testing on the left. Due to the lack of discussion of prior

diagnostic work-up and conservative care to date,the CT scan of the shoulder is not medically necessary.