

Case Number:	CM14-0030922		
Date Assigned:	04/23/2014	Date of Injury:	11/02/2011
Decision Date:	06/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery 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 patient is a 53 year old female who was injured on 11/02/2011 while cleaning an area in the hallway when the pant leg got caught in a bed lock causing her to fall. Prior treatment history has included the patient having physical therapy treatment. The patient underwent left shoulder arthroscopy, orthopedic Surgery acromioclavicular joint arthroscopic reduction and internal fixation, subscapularis tendon debridement, supraspinatus tendon debridement, subacromial decompression and distal clavicle resection. AME exam dated 01/06/2014 documented the patient indicating that there was a delay in authorization for post-op therapy and she has consequently developed a "frozen shoulder". She states that since her previous evaluation in this office on 09/25/2012, her left shoulder and left arm are worse. With respect to the left shoulder, the patient complains of constant discomfort located chiefly at the superior aspect, but also in the anterior, posterior and lateral aspects, which she grades as generally 9/10. She reports that the shoulder pain is increased with heavy lifting, pushing, pulling, as well as with at-shoulder level activities, however, she is unable to do very much above shoulder level activity with the left upper extremity. Objective findings on examination of the upper extremities showed muscle strength testing measures 3+/5 in all motor groups about the left shoulder girdle. Reflexes are intact. There is no evidence of Thenar, hypothenar or intrinsic atrophy. Examination of the left shoulder revealed no tenderness at the biceps, triceps, subacromial or acromioclavicular regions. The Impingement I and Impingement II signs are negative. There is no evidence of anterior, posterior or inferior instability. The range of motion of the left shoulder in forward flexion, abduction, external rotation and internal rotation was decreased. As the patient's condition has reached a clinical plateau, she is most certainly considered permanent and stationary. Anticipated future medical treatment includes oral anti-inflammatory and non-narcotic analgesic medication, as well as orthopedic follow-up on an intermittent and as needed basis for flares of

symptomatology of her left shoulder. A progress note dated 12/20/2013 documented the patient with complaints of pain in her shoulder with range of motion. The patient was instructed in home physical therapy exercises for range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Special Studies And Diagnostic and Treatment Considerations, Shoulder Complaints, Page 557-559.

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

Decision rationale: The California MTUS/ACOEM guidelines state that the primary criteria for ordering imaging studies are: 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). According to the Official Disability Guidelines, CT arthrography is not recommended except when MRI or MR arthrography are not available or contraindicated. In the case of this patient, she sustained a fall in November 2011 and is status post left shoulder arthroscopy, ORIF, debridement, decompression, and clavicle resection. On recent re-examination by the AME on 01/06/2014 did not demonstrate any positive provocative tests of the shoulder. The patient has decreased ROM and 3+/5 in all motor groups of the left shoulder region. There is no evidence of massive rotator cuff tear, no instability, and impingement signs were negative. The medical records do not establish CT scan is indicated. The medical necessity of the request for left shoulder CT scan has not been established.