

Case Number:	CM14-0047121		
Date Assigned:	07/02/2014	Date of Injury:	03/19/2013
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/15/2014

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 29-year-old with a date of injury of 03/19/13. A progress report associated with the request for services, dated 02/27/14, identified subjective complaints of left arm and shoulder pain. Objective findings included decreased range of motion of the shoulder. Diagnoses included lumbar sprain/strain; fracture of the Humerus, status-post internal fixation. A Utilization Review determination was rendered on 03/21/14 recommending non-certification of CT Scan of Left Humerus.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of Left Humerus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (updated 01/20/14), Computed Tomography (CT); Bahrs, 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Computed Tomography (CT).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that CT of the shoulder region is indicated with the emergence of a red flag, physiologic evidence of

nerve dysfunction, failure to progress in an exercise program, or clarification of anatomy prior to a procedure. The Official Disability Guidelines (ODG) state that CT is indicated in proximal Humerus fractures when the proximal humerus and shoulder joint are not presented with sufficient x-ray-quality to establish a treatment plan. In this case, the above criteria were not documented. Therefore, there is no documented medical necessity for a CT of the shoulder / humerus. The request is not medically necessary.