MAXIMUS Federal Services

| Case Number: | CM14-0048396 | | |
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| Date Assigned: | 06/25/2014 | Date of Injury: | 02/02/2005 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

## 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 Geriatrics and is licensed to practice in New York. 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 70 year old woman with a date of injury of 2/2/05. She had complaints of chronic lower back, bilateral shoulder and bilateral knee pain. Her shoulder pain increased with repetitive movements or heavy lifting. Her left shoulder showed no edema, erythema or swelling. She had tenderness to palpation of the anterior shoulder joint and AC joint and deltoid muscle. Range of motion was "nearly within normal limits". Her right shoulder showed no edema, erythema or swelling. She had tenderness to palpation of the anterior and superior shoulder girdle, scapula and deltoid muscle. The range of motion was mildly to moderately restricted in all directions. She had a diagnosis of impingement tendinitis to both shoulders, greater on the right. The physician documented that per agreed medical evaluation report she had a right rotator cuff tear. A CT scan of her right shoulder was requested to rule out 'any pathology' and is at issue in this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT of the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

**Decision rationale:** The request in this injured worker with chronic pain is for a CT scan of the right shoulder. The records document a physical exam with reduction in range of motion and pain with palpation but no red flags or indications for immediate referral or imaging. A CT scan can help to identify anatomic defects. In the absence of physical exam evidence of red flags and given her prior diagnosis a rotator cuff tear, a CT scan of the right shoulder is not medically indicated.