

Case Number:	CM14-0072047		
Date Assigned:	07/16/2014	Date of Injury:	09/13/2012
Decision Date:	09/16/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, 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:

Patient is a 53-year-old male with a 09/13/12 date of injury. 04/05/14 report is included and is poorly legible due to handwriting. The subjective complaints are limited to pain in right shoulder, stiffness. Objective findings state Restricted ROM in right shoulder, positive provocative test. The report goes on to list diagnoses of right shoulder impingement and adhesive capsulitis. Request is for CT arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Arthrogram Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: MTUS ACOEM Guidelines do not recommend computed tomography (CT) arthrograms for shoulder impingement syndrome, pointing to radiography and MRI as the recommended imaging options for this diagnosis. CT arthrogram is recommended for cases of recurring instability, which is not documented in the context of this particular case. The

diagnoses listed in the report along with a lack of medical documentation do not establish the medical necessity for the requested treatment. As such, the request is not medically necessary.