

Case Number:	CM14-0190820		
Date Assigned:	11/24/2014	Date of Injury:	06/01/2012
Decision Date:	03/02/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45 year old female sustained work related industrial injuries on June 1, 2012. The mechanism of injury was not described. The injured worker subsequently complained of neck and right shoulder pain. Treatment consisted of prescribed medications, functional restoration program (9/2/14-9/5/14), right shoulder surgery on July 22, 2013, consultations and periodic follow up visits. Per treating provider report dated September 9, 2014, physical exam revealed left mid scapular tenderness with some mild edema. There was also mild tenderness in upward trapezoid area with no trigger points identified. Per treating provider report dated September 30, 2014, the injured worker complained of increased diffused pain and spasms of the right shoulder occurring after first three days of Functional Restoration Program (FRP) and intermittent tingling of the right hand. Physical exam revealed tenderness in the right upper extremity. Right shoulder range of motion was limited in flexion, extension and abduction and there was limited right shoulder motor strength. Yergason sign test, Drop arm sign test, Hawkin's Kennedy test, Apprehension test were all positive on right side. The injured worker's diagnoses included shoulder pain, cervical radiculitis, degeneration of cervical intervertebral disc, disorder of bursa of shoulder region, psycho-physiologic disorder and disorder of rotator cuff. Per report dated October 20, 2014, the provider noted that the patient attended a functional restoration program that she was unable to tolerate after two days of treatment. Documentation noted that the injured worker's neck and shoulder pain had become markedly worse. The injured worker increased oral pain medication intake. The provider impression was C5-C6, C6-C7 degenerative disc disease failing non operative measures with recommendation for cervical reconstruction. The provider

requested a bone density study as preoperative diagnostic testing to ensure appropriate bone density quality. As of September 30, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for Dexa bone density now under review. On October 30, 2014, the Utilization Review (UR) evaluated the prescription for Dexa bone density requested on October 28, 2014. Upon review of the clinical information, UR non-certified the request for Dexa bone density, noting the lack of clinical indications to support the medical necessity, and the recommendations of the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexa Bone Density: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone Scan

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAFP guidelines for bone density based on USPTF 2004 guidelines.

Decision rationale: According to the guidelines, a Bone density or DEXA scan is appropriate in females over 65, postmenopausal women, men over 70 or those who are high risk. Fracture from minor trauma. Rheumatoid arthritis. Low body mass index. Cortico steroid use (other medications as well.) Alcohol use or smoking history. Secondary causes of osteoporosis. Endocrine disorder. Physical inactivity. In this case, there was no evidence of the above diagnoses requiring the need for a DEXA scan. There was no specified indication for fracture risk. Cervical disk disease is not indicative of fracture or osteoporosis risk. As a result, it is not medically necessary.