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| Case Number: | CM14-0200700 | | |
| Date Assigned: | 12/11/2014 | Date of Injury: | 07/02/2012 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 58 year old male with the injury date of 07/02/12. Per physician's report 09/29/14, the patient has pain in his left shoulder, elbow, wrist and hand at 2/10. "His pain is aggravated by his activities, repetitive use and forceful activity." MRI reveals positive osseus lesion in the humerus. The patient has a left hand brace. There is tenderness over the left rotator cuff and subacrominal space. Impingement is positive on the left. Neer's test is positive on the left. ROM of the left shoulder is decreased in all planes. The patient remains off work until 11/03/14. The lists of diagnoses are: 1) Left shoulder full rotator cuff tear/ supraspinatus/ infraspinatus with 5cm retraction 2) Osseous lesion in the humeral diaphysis 3) Left elbow osteoarthritis 4) Left wrist/ hand clinical CTS; s/p surgery 5) Post traumatic stress disorder, depression, diagnoses deferred Per 08/20/14 progress report, the patient has left shoulder pain with full thickness rotator cuff tear. The patient presents limited ranged of left shoulder motion. The external rotation is 80 degrees and internal rotation is 80 degrees too. "Because of abnormal findings noted on the low quality MRI scanner of the left shoulder," the treater wants to update a new MRI of the left shoulder. The patient complains of significant pain in his left wrist. The patient "continues pain and weakness in his left wrist after open reduction internal fixation. [The treater] recommends the patient see a hand specialist for this problem." The utilization review determination being challenged is dated on 10/29/14. Treatment reports were provided from 01/27/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Left Humerus with Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MR arthrogram

Decision rationale: The patient presents with pain and weakness in his left shoulder, left elbow and left hand. The patient is s/p (status post) open reduction internal fixation (ORIF of the wrist) and the date of the surgery is not provided. The request is for CT SCAN of left humerus with contrast. MTUS guidelines do not address CT scan. ACOEM, Chapter 9 shoulder complaints, page 209 supports CT of shoulder in case of risk of complication, e.g., infection, radiation. ODG guidelines recommends CT in case of "Suspected tears of labrum - Plain x-ray, then CT, Full thickness rotator cuff tear or SLAP tear - clinically obvious or suspected - Plain x-ray and ultrasound, then MRI or CT, Recurrent instability - CT arthrogram (Newberg, 2000), or In proximal humeral fractures when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to establish a treatment plan." (Bahrs, 2009) The treating physician requested CT of left humerus with contrast on 09/19/14 and [REDACTED] received this request on 10/27/14 and Utilization Review determination denied this request on 10/29/14. The CT on 10/27/14, appears to have been obtained without authorization. Since MRI reveals positive osseous lesion in the humerus, the request of CT would appear reasonable. The request is medically necessary.

Ortho Consultation: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent medical examination and consultations, page 127

Decision rationale: The patient presents with pain and weakness in his left shoulder, left elbow and left hand. The patient is s/p open reduction internal fixation and the date of the surgery is not provided. The request is for Ortho Consultation. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The 09/29/14 progress report indicates that the patient had no PMD and the treating physician requested general orthopedic consultation for left shoulder and follow up with a specific physician. The review of the reports indicates that the patient had general orthopedic consultation with the specific physician on 08/20/14. None of the reports discuss why the patient needs another orthopedic consultation. The request is not medically necessary.

