

Case Number:	CM15-0006071		
Date Assigned:	01/20/2015	Date of Injury:	07/21/2009
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 57 year old male, who sustained an industrial injury on 07/21/2009. He has reported pain in the right shoulder. The diagnoses have included right shoulder impingement and right bicep tendon tear. Treatment to date has included medications, physical therapy, and home exercise program. A progress report from the treating physician, dated 11/24/2014, documented a follow-up visit with the injured worker. The injured worker reported right shoulder pain; pain is rated at 3/10 on the visual analog scale; and sleep disturbance. Objective findings included right shoulder swelling and decreased range of motion. The treatment plan has included medication prescriptions; home physical therapy program; a CT scan of the right shoulder; and follow-up evaluation. On 12/23/2014 Utilization Review non-certified a prescription for CT Scan of Right Shoulder. The MTUS, ACOEM, Second Edition (2004), Chapter 9. On 01/08/2015, the injured worker submitted an application for IMR for review of a prescription for CT Scan of Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of 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): 195-219.

Decision rationale: The ACOEM Guidelines and literature moderately support the use of CT imaging in cases of repeated shoulder dislocation, tumor, or infection, although MRI tends to provide more helpful results with less risk or negative effects than CT. The submitted and reviewed documentation reported the worker was suffering from right shoulder impingement syndrome and a right bicep tendon tear. There was no discussion suggesting any of the above conditions, indicating a reason a MRI was not preferred if additional imaging was needed, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a CT of the right shoulder is not medically necessary.