

Case Number:	CM15-0009406		
Date Assigned:	01/27/2015	Date of Injury:	08/15/1997
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 78 year old male, who sustained an industrial injury on 8/15/1997. The current diagnoses are right shoulder infection and status post revision of a total right shoulder arthroplasty. Currently, the injured worker complains of ongoing chronic pain, decreased strength, and limited range of motion of the right shoulder. On the last visit, he was to consider and offered a conversion to a reverse total shoulder arthroplasty, and at this time he believes that his pain is severe enough that he would like to undergo the surgery. Treatments to date were not found within the medical records provided. The treating physician is requesting bone scan for right shoulder, which is now under review. On 12/19/2014, Utilization Review had non-certified a request for bone scan for right shoulder. The bone scan for right shoulder was non-certified based on lack of documentation showing the patient has signs and symptoms indicating infection to support the request for a bone scan. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan for right shoulder: 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 - Bone Scan

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, Bone scan

Decision rationale: Pursuant to the Official Disability Guidelines, bone scan of the right shoulder is not medically necessary. The Official Disability Guidelines, Shoulder section did not address bone scans. The low back section was referenced. Bone scans are not recommended, except for bone infection, cancer or arthritis. Bone scans use intravenous administration of tracer medications to show radioactive uptake and tech metastases, infection, inflammatory arthropathies, significant fracture or other significant bone trauma. In this case, the injured worker's working diagnosis is pain, revision right total shoulder arthroplasty. Subjectively, the injured worker is status post revision of a total shoulder arthroplasty on the right. The injured worker reports ongoing chronic pain and decreased strength with limited range of motion right shoulder. Objectively, the shoulders are symmetric with a well-heeled scar. Range of motion to extension and abduction is decreased. On scans are not recommended. Bone scans are recommended for bone infection, cancer or arthritis. Consequently, absent clinical documentation according to recommended guidelines, bone scan of the right shoulder is not medically necessary.