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| <b>Case Number:</b>   | CM15-0133341 |                              |            |
| <b>Date Assigned:</b> | 07/21/2015   | <b>Date of Injury:</b>       | 11/15/2014 |
| <b>Decision Date:</b> | 10/09/2015   | <b>UR Denial Date:</b>       | 06/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/10/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 15, 2014. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for a CT scan of the left shoulder. The claims administrator referenced progress notes of June 8, 2015 and February 5, 2015 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain. MRI studies of the cervical spine, lumbar spine, and left shoulder were also ordered along with CT scan of the left clavicle/left shoulder. A multi-stimulator device, topical compounds, tramadol, Flexeril, Naprosyn, and Prilosec were all endorsed along with what was framed as a first-time request for acupuncture. The applicant was given diagnoses of shoulder sprain versus strain, rule out left shoulder internal derangement, and a history of left clavicle fracture. The applicant was placed off of work, on total temporary disability. On July 27, 2015, the applicant was again placed off of work, on total temporary disability. Naprosyn, Prilosec, Flexeril, tramadol, topical compounds, acupuncture, and a psychological evaluation, a TENS unit, CT imaging of the cervical spine, CT imaging of the lumbar spine, MRI imaging of the left shoulder, and CT imaging of the clavicle were sought. The requesting provider was a family practitioner, it was acknowledged. It was not stated how (or if) the proposed CT scan would influence or alter the treatment plan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of left 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), Shoulder, Computed tomography (CT).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** No, the proposed CT imaging of the clavicle was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 208, one of the primary criteria for ordering an imaging study involving the shoulder is clarification of the anatomy prior to an invasive procedure. Here, however, there is no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure or surgical intervention involving the affected shoulder based on the outcome of the study in question. Rather, it appeared that the CT imaging of shoulder was sought for routine evaluation purposes, without any clearly formed intention of acting on the results of same. The fact that CT studies of the shoulder, clavicle, and lumbar spine were all concurrently ordered on July 27, 2015 strongly suggested that such studies were being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The fact that the requesting provider was a family practitioner (as opposed to a shoulder surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or going to consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.