

<b>Case Number:</b>	CM15-0148411		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	03/09/1982
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, North Carolina  
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:

The injured worker is a 67 year old male, who sustained an industrial injury on March 9, 1982. The injured worker was diagnosed as having joint pain of the shoulder. Treatment to date has included rotator cuff repair, therapy and medication. A progress note dated June 30, 2015 provides the injured worker complains of right shoulder pain. Physical exam notes decreased strength of the right shoulder and decreased range of motion (ROM). There is subluxation of the humeral head. The plan includes pre-surgical CAT scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One CT scan of the shoulder without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 - 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** This a request for a preoperative CT scan of the shoulder prior to a reverse shoulder arthroscopy. In this case, there is no evidence of participation in a course of supervised

physical therapy prior to the proposed surgery. According to the guidelines, failed rehab is a prerequisite for both the CT scan and the proposed surgery. There are no prior plain x-rays or ultrasounds of the shoulder submitted with the request, which is recommended prior to CT. Since the patient has not failed a strengthening program intended to avoid surgery, according to guidelines, the request for a shoulder CT is not medically necessary.