

Case Number:	CM15-0185113		
Date Assigned:	09/25/2015	Date of Injury:	10/14/2014
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male, who sustained an industrial injury on 10-14-14. The injured worker is being treated for pelvic fracture, internal derangement of left shoulder and dental issues. Treatment to date has included bilateral open reduction and fixation of the sacroiliac joints, oral medications including MS Contin, Ibuprofen, MS IR 15mg, physical therapy, activity modification and home exercise program. There is no documentation of left shoulder x-rays submitted to review. On 6-30-15 and 8-11-15, the injured worker complains of back and pelvis pain rated 6 out of 10 decreased with medications (on 6-30-15, he states it is reduced to 2 out of 10 with medications) and left shoulder pain. He is currently not working. Physical exam performed on 6-30-15 and 8-11-15 revealed full range of motion of bilateral shoulders, tenderness of left acromioclavicular joint and bicipital tendons and pelvic pain with compression. A request for authorization was submitted on 8-26-15 for (CT) computerized tomography scan of left shoulder. On 9-2-15 a request for (CT) computerized tomography scan of left shoulder was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the 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), Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Computed tomography (CT).

Decision rationale: Per the ODG guidelines regarding computed tomography: Recommended as indicated below. In proximal humeral fractures (also called a broken shoulder) a CT should be performed independently of the number of fractured parts; when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to establish a treatment plan. Conventional X-rays with AP view and a high-quality axillary view are useful for primary diagnostics of the fracture and often but not always show a clear presentation of the relevant bony structures such as both tuberosities, the glenoid and humeral head. CT with thin slices technology and additional 3 D imaging provides always a clear presentation of the fractured region. Indications for imaging Computed tomography (CT): 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; 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. The medical records submitted for review do not contain indicate that x-ray has been performed. The criteria for CT scan is not met. The request is not medically necessary.