

Case Number:	CM15-0203555		
Date Assigned:	10/20/2015	Date of Injury:	12/24/2014
Decision Date:	12/01/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/16/2015

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 50 year old male, who sustained an industrial injury on 12-24-2014. The injured worker was being treated for myofascial pain syndrome, right rotator cuff impingement, and question of rotator cuff tear. Medical records (6-24-2015) indicate ongoing right shoulder pain. The physical exam (6-24-2015) reveals flexion of 140 degrees, extension of -25 degrees, abduction of 90 degrees, internal rotation of 40 degrees, and external rotation of 40 degrees. There was a positive right Apley's and +4 out of 5 strength in flexion and extension. Medical records (8-12-2015) indicate ongoing right shoulder pain. The physical exam (8-12-2015) reveals flexion of 145 degrees, extension of -30 degrees, abduction of 95 degrees, internal rotation of 45 degrees, and external rotation of 45 degrees. There was a positive Apley's and +4 out of 5 strength in flexion and extension. Medical records (9-29-2015) indicate ongoing right shoulder pain with decreased strength. The injured worker reported numbness and tingling in the right shoulder and acute muscle spasm in the right trapezius muscles. The physical exam (9-29-2015) reveals a 40% decrease of the right shoulder range of motion with decreased strength (4 out of 5), tenderness in the right deltoid insertion, and spasms in the right trapezius muscles. There is decreased sensation to light touch of the right shoulder, and a positive impingement sign. The CT scan of the right shoulder dated 6-1-2015 stated degenerative changes in the acromioclavicular joint and spurring in the shoulder. Per the treating physician (7-16-2015 report), the injured worker was "unable to get an MRI scan because of other metal in his body." Treatment has included physical therapy, chiropractic therapy, a home exercise program, work restrictions, and non-steroidal steroid medications. Per the treating physician (8-12-2015 report), the injured worker was to return to modified work. On 10-2-2015, the requested treatments

included a CT scan of the right shoulder to rule out rotator cuff tear. On 10-15-2015, the original utilization review non-certified a request for a CT scan of the right shoulder to rule out rotator cuff tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of The Right Shoulder to Rule Out Rotator Cuff Tear: 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).

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

Decision rationale: Pursuant to the Official Disability Guidelines, CT scan of the right shoulder to rule out rotator cuff tear is not medically necessary. CT scan of the shoulder is recommended in proximal humeral fractures. Conventional x-rays with AP view and high quality axillary view are useful for primary diagnostics of the fracture. Indications for computed tomography include suspected tears of labrum, plain x-rays that CT; full thickness rotator cuff tear or SLAP tear, plain x-rays and ultrasound then MRI or CAT scan. See guidelines for additional details. In this case, the injured worker's working diagnoses are right rotator cuff impingement; question of right rotator cuff tear; and myofascial pain syndrome. Date of injury is December 24, 2014. Request for authorization is October 8, 2015. According to a September 29, 2015 initial physiatry evaluation, the injured worker's subjective complaints of right shoulder pain with restricted range of motion. Objectively, there is decreased range of motion with tenderness to palpation. The documentation shows a CT scan of the right shoulder was performed June 1, 2015. The results showed degenerative changes in the right shoulder. There is no clinical indication or rationale for repeating the CT scan of the right shoulder. There are no new substantial symptoms and/or objective findings indicating a repeat CT scan of the right shoulder is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating a CAT scan of the right shoulder was performed June 1, 2015 that showed degenerative changes, and no clinical indication or rationale for repeating the CT scan in the absence of a substantial change in clinical symptoms and/or objective findings, CT scan of the right shoulder to rule out rotator cuff tear is not medically necessary.