MAXIMUS Federal Services

Case Number:	CM15-0210916		
Date Assigned:	10/29/2015	Date of Injury:	06/05/2015
Decision Date:	12/21/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/27/2015

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 29-year-old who has filed a claim for shoulder and knee pain reportedly associated with an industrial injury of June 5, 2015. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for a CT scan with reconstruction for the left shoulder. The claims administrator referenced a September 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported ongoing issues with shoulder and knee pain. The applicant's shoulder pain complaints were described as mild-to-moderate, exacerbated by reaching overhead. The applicant exhibited 150-160 degrees of shoulder flexion. The treating provider stated in the Subjective Complaints section of the note that the applicant's left shoulder had been implicated but apparently went on to examine the right shoulder. The note was some 7 pages long and, at times, difficult to follow. The attending provider stated toward the top of the note that overhead reaching was problematic and that the applicant had complaints of crepitation, subjective instability, and subjective subluxation. The applicant was given diagnosis of recurrent instability of left shoulder, Hill-Sachs lesion of left shoulder, and capsular tearing of left shoulder. CT imaging of left shoulder was sought on the grounds that the applicant had recurrent instability about the shoulder, had a history of shoulder injury associated with military combat, and needed to undergo CT imaging to properly visualize bony defects which were not adequately characterized by MRI imaging. The attending provider reiterated his request for CT imaging of the shoulder. On October 21, 2015, the attending provider stated that CT imaging of the shoulder was indicated for preoperative planning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan with 3D reconstruction for the left Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Yes, the request for CT imaging of the shoulder was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-5, page 209, CT imaging is scored at 2/4 in its ability to identify and define issues associated with recurrent dislocations, as were seemingly at issue here. The MTUS Guideline in ACOEM Chapter 9, page 208 further notes that the primary criteria for pursuit of an imaging study indicates the presence of limitations associated with persistent symptoms which have been present for 1 month or more, in applicants in whom surgery is being considered for a specific anatomic defect. While the MTUS Guideline in ACOEM Chapter 9, page 209 notes that MRI imaging is the preferred investigation in demonstrating soft tissue anatomy, here, however, the attending provider stated that the applicant had issues with bony defects to include a suspected Hill-Sachs lesion, recurrent instability about the left shoulder, and associated glenoid bony issues which required visualization via the CT imaging in question prior to pursuit of likely shoulder surgery. Moving forward with the same was, thus, indicated. Therefore, the request was medically necessary.