

Case Number:	CM15-0060316		
Date Assigned:	04/06/2015	Date of Injury:	06/18/2014
Decision Date:	05/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/30/2015

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
 Certification(s)/Specialty: Emergency 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 70 year old male who sustained a work related injury on June 18, 2014, incurred multiple injuries after tripping and falling. He was diagnosed with a contusion of the right shoulder, contusion of the right knee and a contusion of the right forearm. Treatment included physical therapy, Magnetic Resonance Imaging (MRI), and medical management. MRI of R shoulder dated 7/21/14 revealed glenohumeral arthrosis with intact but atrophied rotator cuffs. Bicep tendinosis. Progress note dated 3/6/15, the injured worker complained of pain in the right shoulder with increased stiffness and limited range of motion. The treatment plan that was requested for authorization included a Computed Tomography (CT) of the right shoulder, and a Cold Therapy unit rental. R shoulder total arthroplasty was approved on review of utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan right shoulder Qty: 1.00: 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), Indications for imaging - Computed tomography (CT).

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

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient has an approved and pending shoulder surgery. Patient has a recent MRI of the shoulder done less than 6months prior to request. There is no rationale as to why a CT scan was needed since it would not change the outcome or planning of the surgery. CT scan of right shoulder is not medically necessary.

Cold therapy unit rental (days) Qty: 14.00: 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 (Acute and Chronic), Continuous-Flow Cryotherapy.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, continuous flow cryotherapy is recommended as a post-surgical option as it may decrease inflammation, pain and swelling. ODG only recommends up to 7days of use. This request is for 14days which does not meet guidelines. Vascutherm for R shoulder rental for 14days is not medically necessary.