

Case Number:	CM15-0083141		
Date Assigned:	05/05/2015	Date of Injury:	06/11/1995
Decision Date:	06/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old female, who sustained an industrial injury on 6/11/1995. She reported having been attacked by multiple pit bull dogs resulting in injury to the neck, low back and left shoulder. She subsequently underwent cervical fusion and hardware removal, a lumbar laminectomy, and left shoulder arthroscopy. Diagnoses include cervicalgia, degenerative disc disease, facet arthropathy, cervical disc displacement without myelopathy, and unspecified idiopathic peripheral neuropathy. Treatments to date include medication therapy, psychotherapy, insertion of two spinal cord stimulators, and epidural steroid injections noted 80-90% relief in low back pain. Currently, she complained of chronic severe neck and back pain. On 4/14/15, the physical examination documented tenderness to cervical, thoracic and lumbar spines with decreased range of motion. There was a positive right side straight leg raise test, Patrick's Maneuver, and Fabere's test. There was decreased strength to bilateral lower extremities, left greater than right. There were multiple areas of decreased sensation in cervical and lumbar dermatomes noted. The plan of care included a CT scan to the left shoulder to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of 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, Shoulder Chapter.

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

Decision rationale: This 55 year old female has complained of neck pain, low back pain and left shoulder pain since date of injury 6/11/95. She has been treated with surgery, spinal cord stimulation, physical therapy and medications. The current request is for CT scan of the left shoulder. Per the ODG guidelines cited above, CT of the shoulder is recommended for the following: (1) suspected labral tears, with plain x ray performed first, (2) suspected or clinically obvious full thickness rotator cuff tear or SLAP tear with plain x ray performed first, (3) recurrent instability and (4) proximal humerus fractures if plain films are not sufficient. The last two provider notes in the available medical records do not contain documentation of any subjective or objective shoulder findings. On the basis of the available medical records and per the ODG guidelines cited above, CT of the left shoulder is not medically necessary.