MAXIMUS Federal Services

Case Number:	CM14-0127043		
Date Assigned:	09/16/2014	Date of Injury:	03/07/2000
Decision Date:	12/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported an injury on 03/07/2000. The mechanism of injury was not provided. His diagnoses were noted to include cervical and lumbar radiculopathies, myofascial pain syndrome with trigger points and bilateral trapezius and paraspinal musculature, right shoulder impingement/bursitis, acromioclavicular arthrosis and labral tear. His past treatments were noted to include medication, trigger point injections and a home exercise program. The MRI on 06/29/2010 revealed moderate rotator cuff tendinosis without tear or retraction, subacromial/subdeltoid bursitis and acromioclavicular joint degenerative change. During the assessment on 07/01/2014, the injured worker complained of ongoing right shoulder pain that at times could be severe. The physical examination revealed a positive Spurling's test which caused symptoms to the right clavicular area. His medication was noted to include Norco 10/325 mg, Trazodone 50 mg, Docusate 100 mg and Flexeril 7.5 mg. The treatment plan was to continue with a home exercise program and medication. The rationale for the CT scan of the right scapula to further evaluate bony anatomy and fracture along with an MRI of the right shoulder. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan of the right scapula: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: shoulder Chap: CT/arthrogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Shoulder, Computed tomography (CT)

Decision rationale: The request for a CT scan of the right scapula is not medically necessary. The California MTUS/ACOEM Guidelines state imaging may be indicated to clarify the diagnosis for patients with limitations of activity after four weeks and unexplained physical findings. The guidelines further state imaging findings should be correlated with physical findings. More specifically, the Official Disability Guidelines state CT is recommended for suspected labral tears after plain x-ray; for clinically obvious full thickness rotator cuff or SLAP tears, after plain x-ray and ultrasound; for when x-rays are insufficient to develop a treatment plan for proximal humeral fractures. There was no documentation of a suspected labral or rotator cuff tear or humeral fracture during the physical examination. The MRI on 06/29/2010 revealed moderate rotator cuff tendinosis without tear or retraction, subacromial/subdeltoid bursitis and acromioclavicular joint degenerative change. There was no further diagnostic testing, including radiography, done that would indicate new findings to warrant the need for a CT scan. Given the above, the request for CT scan of the right scapula is not medically necessary.