

Case Number:	CM14-0145041		
Date Assigned:	09/18/2014	Date of Injury:	06/19/2014
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine and is licensed to practice in California. 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 49-year-old male with a date of injury of 06/19/2014. The medical document associated with the request for authorization, a primary treating physician's progress report dated 08/08/2014, lists subjective complaints as constant pain in the neck that radiates to the left shoulder. Examination of the cervical spine revealed tenderness to palpation over the right upper trapezius and right rhomboid. There was no muscle spasm. Range of motion was limited and painful. Neurological exam was normal. Sensory exam revealed decreased sensation over the right first, second and third digits, grade 4/5. Left shoulder had diffuse tenderness to the anterior, posterior, lateral, and superior aspects of the shoulder. Range of motion was limited and painful. Provocative testing could not be performed secondary to the fracture. Diagnoses listed were cervical spine degenerative disc disease, cervical spine radiculopathy, cervical spine strain/sprain, left humerus combined proximal fracture, and right ankle fracture by report. X-rays of the bilateral shoulders on 08/08/2014 revealed hypertrophic changes of the acromioclavicular joint on both sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan w/2mm cuts, left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Shoulder: Indications for Imaging

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 & Chronic), Computed tomography (CT)

Decision rationale: The Official Disability Guidelines state that conventional X-rays with AP view and a high-quality axillary view are useful for primary diagnostics of the fracture and often but not always show a clear presentation of the relevant bony structures, such as both tuberosities, the glenoid and humeral head. CT with thin slices technology and additional 3D imaging provides always a clear presentation of the fractured region in proximal humeral fractures when the proximal humerus and the shoulder joint are not presented with sufficient X-ray quality to establish a treatment plan. The patient has sustained a serious, comminuted upper humerus fracture and the requesting physician specifically states that he requires a CT to establish a treatment plan. The requested scan is medically necessary and appropriate.