

<b>Case Number:</b>	CM14-0160698		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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:

There were 74 pages provided for this review. There was an application for independent medical review for a CT of both shoulders to assess bone density and quality prior to total shoulder replacements. It was signed on September 26, 2014. The review was done on September 12, 2014. Per the records provided, this is a 65-year-old man injured back in 2012. He was working in a vineyard when he fell and he tried to catch himself injuring both shoulders. A recent progress report from August 29, 2014 showed him to be status post a March 21, 2013 left shoulder arthroscopy with rotator cuff repair. He continued to complain of bilateral shoulder pain. Physical exam showed restricted range of motion at 90 bilaterally with abduction and forward flexion. Prior imaging included plain radiographs of the shoulders from August 29, 2014 which showed advanced degenerative arthritis of the right and left shoulder at the glenohumeral joint. An arthrogram on December 12, 2013 showed a large full thickness re-tear to the rotator cuff with prior acromioplasty noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT of bilateral shoulders to assess the bone density and quality prior to total shoulder replacements:** 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), Shoulder Procedure 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 section, under CT

**Decision rationale:** In regards to CT to the shoulder, the MTUS are silent. The Official Disability Guidelines (ODG) indications for imaging Computed tomography (CT): Suspected tears of labrum - plain x-ray, then CT; Full thickness rotator cuff tear or SLAP tear - clinically obvious or suspected; plain x-ray and ultrasound, then MRI or CT; recurrent instability - CT arthrogram (Newberg, 2000); and 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. (Bahrs, 2009). Although CT is good for assessing bony fractures, or in the instances that MRI is contraindicated, there is no strong rationale to assess bone density in this case. Therefore, this request is not medically necessary.