

<b>Case Number:</b>	CM14-0182514		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 53-year-old male with a 12/2/11 date of injury. At the time (10/9/14) of request for authorization for Left Shoulder Bone Scan, there is documentation of subjective (left shoulder significant pain) and objective (left shoulder tenderness and limited range of motion) findings. The current diagnoses include left shoulder internal derangement. The treatment to date includes medication and physical modalities). Medical report identifies a request for left shoulder MRI and left shoulder bone scan. There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a shoulder bone scan is indicated (to evaluate for tumor or infection, and/or for detection of AC joint arthritis).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder bone scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209;214.

**Decision rationale:** The MTUS reference to ACOEM Guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a shoulder bone scan is indicated (such as: to evaluate for tumor or infection, and/or for detection of AC joint arthritis), as criteria necessary to support the medical necessity of shoulder bone scan. Within the medical information available for review, there is documentation of a diagnosis of left shoulder internal derangement. However, despite documentation of subjective (left shoulder significant pain) and objective (left shoulder tenderness and limited range of motion) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a shoulder bone scan is indicated (to evaluate for tumor or infection, and/or for detection of AC joint arthritis). Therefore, based on guidelines and a review of the evidence, the request for left shoulder bone scan is not medically necessary.