

Case Number:	CM14-0154685		
Date Assigned:	09/24/2014	Date of Injury:	02/24/2004
Decision Date:	01/09/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 24, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; earlier cervical spine surgery; and earlier shoulder rotator cuff repair surgery. In a Utilization Review Report dated August 28, 2014, the claims administrator denied request for CT scans of the right shoulder and left shoulder. Non-MTUS ODG Guidelines were cited, in large part, along with MTUS Guidelines, which were only incidentally noted. The claims administrator stated that its decision was based on a July 30, 2014 progress note. The claims administrator stated that the requesting provider has "failed to document when the applicant last had physical therapy," despite the fact that the applicant was some 10 years removed from the date of injury as of the date of the request. The claims administrator suggested that its decisions were based on a progress note of July 30, 2014 and an RFA form of August 21, 2014. The applicant's attorney subsequently appealed. In a record review dated July 14, 2014, it was stated that the applicant had a history of previous "right shoulder arthroscopy performed on May 18, 2011 and a subsequent right shoulder revision arthroscopy performed on June 6, 2012." In a July 30, 2014 progress note, the applicant reported ongoing complaints of neck pain, 7/10, right shoulder pain, and left shoulder pain, both graded at 7-8/10, exacerbated by lifting. The applicant also had ancillary complaints of low back pain and wrist pain. The applicant was placed off of work, on total temporary disability. Right shoulder range of motion was limited, with flexion to 105 degrees. Left shoulder range of motion was relatively well preserved, with flexion to 170 degrees. Right shoulder strength was diminished, at 3+/5 to 4+/5, while left shoulder strength was relatively well preserved, ranging from 4-5/5. Some slight atrophy of the right deltoid musculature was

evident. The applicant was placed off of work. Computed Tomography (CT) scanning of the cervical spine was sought. It was stated that the applicant could potentially be a candidate for "multilevel lumbar spine surgery" and further stated that the applicant was also a candidate for "neurosurgery consultation for the cervical spine." It was stated that the applicant was pending updated "MRIs of the bilateral shoulders." Right shoulder magnetic resonance imaging (MRI) was sought via an RFA form dated July 31, 2014, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) Scan of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-5, 209.

Decision rationale: The requesting provider, a chiropractor (DC), seemingly suggested that the proposed CT scan of the shoulder was intended to search for suspected rotator cuff tear. However, the MTUS Guideline in ACOEM Chapter 9, Table 9-5, page 209 scores CT imaging a "0/4" in its ability to identify and define suspected rotator cuff tears, the diagnosis purportedly present here. No clear or compelling rationale for the CT scan was set forth by the requesting provider in her July 30, 2014 progress note. Said July 30, 2014 progress note, furthermore, alluded to the applicant's planning to undergo "MRI" imaging of both shoulders. There was no mention of the need for CT scanning. No rationale for selection of this particular modality was furnished on the progress note in question so as to offset the unfavorable ACOEM position on the article at issue for the suspected diagnosis in question. Therefore, the request is not medically necessary.

Computed Tomography (CT) Scan of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-5, 209.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-5, page 209, CT imaging is scored "0/4" in its ability to identify and define suspected rotator cuff tears, the diagnosis purportedly present here. No rationale for the selection of this particular imaging study was set forth by the attending provider so as to offset the unfavorable ACOEM position on the same for the diagnosis seemingly in question here. It is further noted that the requesting provider stated in her July 30, 2014 progress note that she was requesting MRI

imaging of the shoulders, not CT imaging. A July 31, 2014 RFA form also suggested that the attending provider was, in fact, seeking MRI imaging of the right shoulder, as opposed to CT imaging of the same. The request, thus, cannot be supported owing to (a) the unfavorable ACOEM position on the same for the suspected diagnosis here and (b) the requesting provider's lack of any supporting rationale or supporting commentary. Accordingly, the request is not medically necessary.