

Case Number:	CM14-0213134		
Date Assigned:	12/30/2014	Date of Injury:	12/24/2013
Decision Date:	02/24/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old female with a 3/14/14 date of injury, due to repetitive overuse. The patient underwent left shoulder surgery (the date was not documented). The patient was seen on 8/26/14 with complaints of 7/10 frequent pain in the right upper extremity. Exam findings of the right upper extremity revealed tenderness over the forearm, wrist, elbow, and medial and lateral epicondyles of the right elbow. The Cozen's, reverse Cozen's, Phalen's, and Tinel's tests were positive. The examination of the right shoulder revealed tenderness and crepitus and positive impingement test. The range of motion of the right shoulder was: flexion 120 degrees, extension 35 degrees, and abduction 110 degrees. The patient was certified for the right carpal tunnel release on 12/02/14. The diagnosis is right shoulder periscapular strain/impingement, right forearm/wrist tenosynovitis and CTS, and right elbow medial/lateral epicondylitis and dynamic cubital syndrome. Treatment to date: left shoulder surgery, work restrictions, PT, steroid injections, and medications. The determination letter for this request was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

Decision rationale: The California MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Official Disability Guidelines states that CT Myelography is not recommended except for selected indications, when MR imaging cannot be performed, or in addition to MRI. Myelography or CT-myelography may be useful for preoperative planning. However, there is a lack of documentation indicating that the patient had any complaints to the left shoulder. In addition, the physical examination of the left shoulder was not available for the review. Additionally, there is no rationale with regards to the necessity for a CT myelogram of the left shoulder for this patient. Lastly, the request for CT myelogram left shoulder was not documented. Therefore, the request for myelogram left shoulder is not medically necessary.