

Case Number:	CM14-0218150		
Date Assigned:	01/07/2015	Date of Injury:	05/27/2011
Decision Date:	03/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female worker who sustained an industrial injury to her neck, right shoulder, right elbow, right hand, low back and left knee on a continuous trauma basis. The date of injury was listed as May 17, 2011. Diagnoses included cervical sprain/strain with cervical stenosis, right shoulder rotator cuff tear x2 attempted repairs, carpal tunnel status post attempted release, lumbar sprain/strain with lumbar multilevel discopathy and probable complex region pain syndrome of right upper extremity. On October 23, 2014, the injured worker complained of pain in her neck, right shoulder, right elbow, right hand and low back. Her right shoulder pain varied in intensity and radiated into her entire arm. Popping was indicated along with an itching sensation and tingling in the right shoulder. Her right shoulder pain was rated as a 9 on a pain scale of 1-10. Physical examination of the right shoulder revealed some slight tenderness to spasm with moderate stiffness. She had a positive impingement sign. Range of motion included forward flexion 130 degrees, abduction 120 degrees, internal rotation 60 degrees and external rotation 60 degrees. She reported to have difficulty with showering, dressing and putting on her shoes due to the pain in her right shoulder. The overall treatment modalities included injections, elbow brace, home exercises, medications and aqua therapy. A request was made for a triple phase bone scan of the right shoulder. On November 21, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triple Phase Bone Scan Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaint. Decision based on Non-MTUS Citation ODG, Online Edition, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, diagnostic criteria Page(s): 35-38.

Decision rationale: Triple Phase Bone Scan Right Shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that even the most sensitive tests can have false negatives, and the patient can still have CRPS-I, if clinical signs are strongly present. In patients with continued signs and symptoms of CRPS-I, further diagnostic testing may be appropriate. Additionally, the MTUS states that other authors have questioned the usefulness of diagnostic testing over and above history and physical findings. (A negative diagnostic test should not question a clinically typical presentation of CRPS and should not delay treatment. The documentation submitted does not reveal convincing evidence of CRPS. The patient has multiple other right upper extremities comorbidities such as cervical spine stenosis at C5-6, adhesive capsulitis, carpal tunnel syndrome, medial epicondylitis that can account for her symptoms. At this point the request for triple phase bone scan right shoulder is not medically necessary.