

Case Number:	CM15-0009394		
Date Assigned:	01/27/2015	Date of Injury:	08/15/1997
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 78 year old male, who sustained an industrial injury on 8/15/1997. The current diagnoses are right shoulder infection and status post revision of a total right shoulder arthroplasty. Currently, the injured worker complains of ongoing chronic pain, decreased strength, and limited range of motion of the right shoulder. On the last visit, he was to consider and offered a conversion to a reverse total shoulder arthroplasty, and at this time he believes that his pain is severe enough that he would like to undergo the surgery. Treatments to date were not found within the medical records provided. The treating physician is requesting 3-phase bone scan for right shoulder, which is now under review. On 12/19/2014, Utilization Review had non-certified a request for 3-phase bone scan for right shoulder. The 3-phase bone scan for right shoulder was non-certified based on lack of documentation showing the patient has signs and symptoms indicating infection to support the request for a bone scan. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-phase bone scan for right shoulder: 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), Treatment Index, 12th Edition (web), 2014, Low Back, Bone Scan

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Infectious Disease and Imaging

Decision rationale: According to the ODG guidelines, Bone scan is recommended if the x-ray is normal and the patient presents with osteomyelitis. In this case, there is no clinical evidence or suspicion of infection suggesting the necessity for a bone scan. The request for a bone scan of the shoulder is not medically necessary.