MAXIMUS Federal Services

Case Number:	CM15-0103434		
Date Assigned:	06/05/2015	Date of Injury:	03/07/2000
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, 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:

The applicant is a represented 57-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 7, 2000. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for CT scan of the right shoulder and scapula. The claims administrator referenced an April 1, 2015 progress note and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. In an applicant questionnaire dated April 13, 2015, the applicant acknowledged that he was not, in fact, working. In an associated RFA form of the same date, April 13, 2015, cervical medial branch blocks, Neurontin, Naprosyn, eszopiclone, and Norco were endorsed. The applicant was given diagnoses of cervical radiculopathy, myofascial pain syndrome, facet arthropathy, occipital neuralgia, and carpal tunnel syndrome, it was reported. There was no mention of the need for CT imaging of the scapula on this date. In an April 1, 2015 progress note, the applicant reported ongoing complaints of neck pain. The applicant had received 35 sessions of acupuncture, two cervical rhizotomy procedures, trigger point injections, two cervical epidural steroid injections, Neurontin, LidoPro, Naprosyn, Norco, Desyrel, Flexeril, Colace, and Prilosec it was reported. Paresthesias about the right second and third digits were reported. The applicant exhibited an antalgic gait, but was able to walk on his toes and heels. Hyposensorium was noted about the right arm with 5/5 upper extremity strength noted. The applicant was given an operating diagnosis of cervical radiculopathy. Multilevel cervical medial branch blocks were proposed, along with an updated cervical MRI. MRI imaging of the right shoulder and CT imaging of the right scapula were sought. The treating provider stated that he was proposing the MRI of the shoulder and CT of the scapula at the behest of another provider whom the applicant was consulting. It was not clearly stated for what issue, diagnosis, and/or purpose the CT imaging of the scapula was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan right shoulder/scapula: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. , Shoulder Disorders, pg 8Table 1. Summary of Recommendations for Diagnostic and Other Testing (continued) Routine CT for evaluation of acute, subacute, or chronic shoulder pain Not Recommended, Insufficient Evidence (I).

Decision rationale: No, request for the CT imaging of the scapula was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 9, Table 9-5, page 209, CT imaging is scored at 0/4 in its ability to identify and/or define suspected impingement syndrome, rotator cuff tear, instability, and regional, nonspecific shoulder pain, the latter of which was seemingly suspected here. The Third Edition ACOEM Guidelines Shoulder Chapter further notes on page 8 that the routine usage of CT imaging for evaluation of chronic shoulder pain is not recommended. Here, however it was not clearly stated what was sought. It was not clearly stated what was suspected. There was no mention of the applicant's having issues with recurrent dislocations about the shoulder joint, for instance, which would have furnished some support for the CT scan at issue. The attending provider's April 1, 2015 progress note, furthermore, suggested that the primary operating diagnosis was that of cervical radiculopathy. It was not clearly stated or clearly established how a shoulder CT/scapular CT would influence or alter the treatment plan and/or help to establish the operating diagnosis. Therefore, the request was not medically necessary.