Case Number:	CM15-0121155		
Date Assigned:	07/01/2015	**Date of Injury:**	10/05/2002
Decision Date:	08/06/2015	**UR Denial Date:**	06/11/2015
Priority:	Standard	**Application Received:**	06/23/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female who sustained an industrial injury on 10/05/2002. Mechanism of injury occurred when she was turning heavy equipment and broke her sternum, which was not diagnosed for 9 months and it healed wrong. She then underwent surgery to wire it back together, however soon after surgery the wire broke, taking part of the bone with it. No further surgery has been done. Diagnoses include chondrosternal sprain, painful respirations and long term use of medications. Treatment to date has included diagnostic studies, surgery, and medications. Her medications include, Naproxen, Triazolam, Oxycodone, Thermacare patches, Amitriptyline, Lidoderm adhesive patch, Effexor, Colace and Lovastatin. A physician progress note dated 06/01/2015 documents the injured worker has complains of right sternal pain, from when she broke her sternum approximately 12 years ago, and this has resulted in chronic pain. The treatment plan includes the request for Celebrex, and stopping Naproxen, laboratory studies, and Oxycodone was reordered. Treatment requested is for Computed tomography of the sternum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plain CT Scan of the Sternum: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Imaging in Sternal Fractures. David A Fisher, MD: Chief Editor: Felix S Chew, MD, MBA, Med. http://emedicine.medscape.com/article/396211-overview.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Computed Tomography.

Decision rationale: The patient presents on 06/01/15 with unrated right sternum pain. The patient's date of injury is 10/05/02. Patient is status post surgical repair of the right sternum approximately 10 years ago, with subsequent displacement and failure of the wire (per mammogram performed soon after surgery). The request is for PLAIN CT SCAN OF THE STERNUM. The RFA was not provided. Physical examination dated 06/01/15 reveals a scar following the contour of both breasts, joining together in the midline of the sternum. No other abnormal physical findings are noted. The patient is currently prescribed Naproxen, Triazolam, Oxycodone, Amitriptyline, Lidoderm, Effexor, Celebrex, Colace, and Lovastatin. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS and ODG do not specifically address CT scans of the sternum, though given the nature of this patient's injury, ODG Shoulder Chapter, under Computed Tomography has the following: "Recommended as indicated below. In proximal humeral fractures (also called a broken shoulder) a CT should be performed independently of the number of fractured parts when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to establish a treatment plan. Conventional X-rays with AP view and a high-quality axillary view are useful for primary diagnostics of the fracture and often but not always show a clear presentation of the relevant bony structures such as both tuberosities, the glenoid and humeral head. CT with thin slices technology and additional 3 D imaging provides always a clear presentation of the fractured region. Indications for imaging Computed tomography (CT): Suspected tears of labrum - Plain x-ray, then CT... Full thickness rotator cuff tear or SLAP tear clinically obvious or suspected - Plain x-ray and ultrasound, then MRI or CT... Recurrent instability... In proximal humeral fractures when the proximal humerus and the shoulder joint are not presented with sufficient X-ray-quality to establish a treatment plan." In regard to the computed tomography imaging of this patient's sternum, the request is appropriate. Progress notes indicate that this patient suffered a sternum fracture which was not initially diagnosed, requiring surgical intervention approximately 9 months after the original injury. Per progress note dated 06/01/15, the patient underwent surgical repair of this fracture which included wire stabilization. This wiring was subsequently dislodged, taking a fragment of bone with it, and no further surgical interventions were attempted. The provider is requesting a CT scan of the sternum as this patient has recently experienced increased pain in the region. Guidelines support the utilization of CT imaging in cases where the bony structures are poorly resolved by plain-film radiography. Given the location of this patient's injury, it is possible that the injury in question would be poorly resolved by plain-film x-rays and more clearly resolved using CT methods. Given this patient's significant surgical history, clinical presentation, and a lack of imaging to date, a CT scan could provide insight into the underlying pathology and improve this patient's course of care. Therefore, the request IS medically necessary.