

<b>Case Number:</b>	CM15-0127767		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: 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 injured worker is a 56 year old male, who sustained an industrial injury on 4/18/11. He has reported initial complaints of a left shoulder injury. The diagnoses have included left shoulder internal derangement, history of left scapular fracture, left shoulder impingement and status post left shoulder decompression surgery. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 5/22/15, the injured worker complains of left shoulder pain status post reconstruction of the acromioclavicular joint (AC) 3/20/14. The injured worker reports pain all the time and problems with sleeping. He states that he is in severe pain and miserable. The diagnostic testing that was performed included x-rays of the left shoulder, Magnetic Resonance Imaging (MRI) of the left shoulder and computerized axial tomography (CT scan) of the left shoulder. The current medication included Norco and Nucynta. The physical exam reveals that the left shoulder elevates to 90 degrees, externally rotates to neutral, and internally rotates to buttocks. There is tenderness over the acromioclavicular joint (AC) and over the brachial plexus. The physician notes that the computerized axial tomography (CT scan) has been denied in the past and his case is significantly more complicated because he had previous coracoid non-union which makes reconstruction of the acromioclavicular joint (AC) very difficult. The physician requested treatment included computerized axial tomography (CT scan) without contrast with 3D reconstruction to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan without contrast with 3D reconstruction to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** Per MTUS guidelines the primary criteria for ordering imaging studies of the shoulders are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Per the ODG, CT is recommended 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 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 of the shoulder include: 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; CT arthrogram; and 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 this case, there is no suspected labrum, rotator cuff or SLAP tear. There is no evidence of instability or humerus fracture. There is no evidence that the injured worker has failed to progress in a strengthening program or that surgery is being contemplated. The request for CT Scan without contrast with 3D reconstruction to the left shoulder is determined to not be medically necessary.