

Case Number:	CM15-0128700		
Date Assigned:	07/15/2015	Date of Injury:	03/21/2010
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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:

The injured worker was a 47 year old male, who sustained an industrial injury, March 21, 2010. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities which showed injury to the right suprascapular nerve of chronic nature with entrapment of the ulnar nerves across the elbows, cervical spine MRI and cervical spine x-rays were unremarkable. The injured worker was diagnosed with shoulder degenerative disc disease, right shoulder with constant pain and stiffness. According to progress note of May 22, 2015, the injured worker's chief complaint was right shoulder pain with a severity level was mild to moderate. The pain occurred intermittently and was improving. The pain was aggravated by lifting, movement and stiffness. The physical exam note the injured worker was right handed. The right shoulder had diffuse tenderness with palpation external rotation and strength testing. The flexion was 120 degrees, extension 90 degrees, abduction 45 degrees, due to pain. There was crepitus with palpation. The treatment plan included CT arthrogram scan with aspiration of the right shoulder joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT arthrogram scan with aspiration of the joint for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201. 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 CT arthrography. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, CT arthrography not recommended except when MRI or MR arthrography are not available or contraindicated. In addition, CT shoulder arthrography may be superior to MRI or MRA in the evaluation of the rotator cuff after a previous shoulder arthroplasty, and for evaluating loosening around implants. CT arthrography is generally a good alternative in patients who have a contraindication to MRI/MRA, and CTR is primarily useful as a bailout for MR arthrography. Some examples include: Patient scheduled for MRA, injected, but then cannot tolerate the magnet due to claustrophobia; Patient requiring multiplanar cross sectional imaging of a joint with arthrogram effect, but with contraindications to MR scanning; Evaluation of the postoperative joint with significant intra-articular metal (for instance, suture anchors in the shoulder). (Wise, 2011) (Rhee, 2012) See also MR arthrogram. There is no clear evidence that MRI or MR arthrography are not available or contraindicated in this case. Therefore, the request for CT arthrogram scan with aspiration of the joint for right shoulder is not medically necessary.