

<b>Case Number:</b>	CM15-0179674		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, Florida, 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 68 year old male, who sustained an industrial injury on 12-28-2010. He has reported injury to the right shoulder and low back. The diagnoses have included status post right reverse total shoulder with continued pain that has worsened; lumbago; lumbar degenerative disc disease; lumbar spondylosis without myelopathy; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, physical therapy, chiropractic therapy, lumbar medial branch block, and surgical intervention. Medications have included Percocet, Tramadol, and Gabapentin. A progress note from the treating physician, dated 07-10-2015, documented a follow-up visit with the injured worker. The injured worker reported right shoulder pain that is relatively unchanged; he states that if he "takes a big yawn", he can really feel the pain on the anterior aspect; the pain is a constant aching pain rated at 3 out of 10 in intensity on the pain scale at its best, and 6-7 out of 10 at its worst; a hot shower and laying down helps with his pain; and he states that his medications do help with his shoulder. It is noted that he has had 12 physical therapy sessions for the shoulder; and 12 sessions of chiropractic therapy with 30% relief, helping his pain and increasing his function. Objective findings included he is in no acute distress; tender to palpation along the lateral part of his right arm; right shoulder ranges of motion are decreased; and strength is noted as 3 out of 5 in flexion, extension, abduction, adduction, internal rotation, and external rotation. The MRI of the right shoulder, dated 03-29-2015, revealed impacted proximal humeral fracture with cystic change and edema and glenohumeral degenerative change with glenoid edema and cystic change noted, and with SLAP (superior labrum anterior to posterior) lesion seen extending to the anterior and posterior mid to

inferior labra as well; and acromioclavicular joint degenerative change is seen without rotator cuff tear. The treatment plan has included the request for bone scan for right shoulder. The original utilization review, dated 09-02-2015, non-certified the request for a bone scan for the right shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bone scan for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** This claimant was injured 5 years ago, with injury to the right shoulder and low back. There was a right reverse total shoulder replacement. As of July, the right shoulder pain was unchanged. There was tenderness to palpation to the right arm. Range of motion was decreased. There was however, a recent detailed MRI of the shoulder done in March, with significant pathology. I did not find mention of concern of prosthesis loosening. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding bone scans, the ODG notes they are under study for Chronic Regional Pain Syndrome (CRPS) evaluation. There may be changes seen in a bone scan in CRPS, including distinctive patterns of radiotracer uptake. A negative bone scan does not rule out CRPS. The clinical utility of bone scan in CRPS has not been proven in high quality studies, but three-phase nuclear medicine bone scans may help diagnose CRPS. (Horowitz, 2007) The ODG also notes regarding bone scans that they are not recommended, except for bone infection, cancer, or arthritis. They are sometimes used to evaluate potential prosthesis loosening. It is not clear in this case why a less sensitive test would be done following a fairly recent MRI that documented significant pathology. The request is not medically necessary.