

Case Number:	CM15-0061144		
Date Assigned:	04/07/2015	Date of Injury:	03/07/2000
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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: Emergency 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 57 year old male who sustained a work related injury March 7, 2000. He slipped, fell and landed on his head and back, with a fractured his right scapula, torn rotator cuff, and injury to C4-C7. Over the course of treatment he received, acupuncture, rhizotomy C4-C7, trigger point injections, epidural injections and medication. According to a primary treating physician's progress report, dated February 4, 2015, the injured worker presented with complaints of neck pain with right scapular stabbing and aching pain, radiating into the bilateral upper extremities, right greater than left. He also complains of pins and needles extending into the hands and fingers. There is pain on the insides of his 2nd and 3rd digits of the right hand. Diagnosis is documented as cervical radiculopathy. Treatment plan included modify activities as needed, requests for authorization for cervical medial branch blocks, CT of the right scapula, MRI of the shoulder, and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of right scapula: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online edition Chapter: Shoulder (Acute & Chronic).

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

Decision rationale: The requested CT scan of right scapula is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has neck pain with right scapular stabbing and aching pain, radiating into the bilateral upper extremities, right greater than left. He also complains of pins and needles extending into the hands and fingers. There is pain on the insides of his 2nd and 3rd digits of the right hand. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion, nor how this diagnostic exam will change the treatment plan. The criteria noted above not having been met, CT scan of right scapula is not medically necessary.