

Case Number:	CM15-0067904		
Date Assigned:	04/15/2015	Date of Injury:	07/23/2012
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/09/2015

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 68 year old male who sustained an industrial injury on 07/23/2012. Diagnoses include status post reversal of right total shoulder arthroplasty done 2 months ago. Treatment to date has included diagnostic studies, medications, and steroid injection. A physician progress note dated 02/02/2015 documents the injured worker continues to have discomfort on the lateral aspect of his shoulder. He has had no systemic symptoms. He has had no fevers or chills. He has a range of motion is from 110 degrees of extension to 45 degrees of abduction to 25 degrees of external rotation. There is no pain over the coracoid process. There is exquisite pain at the anterior deltoid muscle. Infection was ruled out. The treatment plan is for a three-phased bone scan to rule out loosening. Treatment requested is for right Shoulder Bone Scan, WBC Scan, 3-Phase Bone Scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Bone Scan, WBC Scan, 3-Phase Bone Scan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Bone Scan Section.

Decision rationale: The MTUS Guidelines do not address the necessity of a bone scan. The ODG does not recommend the use of bone scan except for bone infection, cancer or arthritis. No x-rays are available for review. The injured worker has had a work-up for infection that was found to be negative. The request for Right Shoulder Bone Scan, WBC Scan, 3-Phase Bone Scan is not medically necessary.