

Case Number:	CM15-0096062		
Date Assigned:	05/26/2015	Date of Injury:	05/29/2012
Decision Date:	06/26/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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 28 year old male who sustained an industrial injury on 05/29/2012. Treatment provided to date has included: spinal cord stimulator implant, corticosteroid injection to the left shoulder, and medications. Diagnostic tests performed include: a CT arthrogram of the left shoulder (03/26/2015) revealing mild impingement, electrodiagnostic testing of the upper extremities revealing abnormal findings, MRI of the cervical spine. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/24/2015, physician progress report noted complaints of left shoulder pain. Pain is rated as 9 (0-10) and described as worsening, constant, sharp, and radiates to upper extremities and associated with headaches. The injured worker received a corticosteroid injection to the left shoulder which was noted to provide relief from left shoulder pain. Additional complaints include neck pain which radiates to the right upper extremity. Current medications include Norco, Neurontin, Anaprox, Ultracet and Prilosec. The physical exam revealed tenderness to the cervical spine, myospasms in the trapezius muscles, decreased Wartenberg pinprick wheel along the right 4th and 5th digits, tenderness along the joint line of the left shoulder, decreased range of motion in the left shoulder and decreased motor strength secondary to pain. The provider noted diagnoses of unspecified arthropathy involving other specified. Plan of care includes a CT arthrogram of the left shoulder. Requested treatments include: CT arthrogram of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Arthrogram of Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: As per MTUS ACOEM Guidelines, imaging of the shoulder can be considered under certain situations. Patient already had MRIs and recent CT arthrogram of the affected shoulder with known findings. There is not rationale or justification for a repeat CT arthrogram on how it will change management when one was done only a few months back. A repeat CT arthrogram of left shoulder is not medically necessary.