

Case Number:	CM14-0056282		
Date Assigned:	07/09/2014	Date of Injury:	08/14/2006
Decision Date:	08/28/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/25/2014

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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 51 year-old with a date of injury of 08/14/06. A progress report associated with the request for services, dated 02/19/14, identified subjective complaints of right shoulder pain in follow-up. Objective findings included no tenderness to palpation. There was mild weakness of the rotators. Diagnoses included After Care - Total Shoulder Replacement and a situational mental disorder. Treatment had included a reverse shoulder arthroplasty, home exercise and a TENS unit. There is a notation that a computed tomography (CT) scan would be requested for follow-up of the resection of a desmoid tumor. A Utilization Review determination was rendered on 04/16/14 recommending non-certification of CT of the abdomen and CT scan of the chest.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pulmonary Chapter CT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, CT (computed tomography) Other Medical Treatment Guideline or Medical Evidence: UpToDate: Desmoid Tumors, Surveillance

Decision rationale: A desmoid tumor is a soft tissue tumor with a high rate of local recurrence, but a low rate of metastases. The Medical Treatment Utilization Schedule (MTUS) does not address desmoid tumors or follow-up surveillance for tumors. The Official Disability Guidelines (ODG) states that computed tomography (CT) scan of the chest is recommended for post-therapeutic evaluation of bronchogenic carcinoma. Authoritative sources such as Up-to-date state that no evidence-based protocols exist for surveillance post treatment for desmoid tumors. They recommend appropriate imaging every 3-6 months for 2-3 years, then annually. In this case, there is no documentation of the location of the previous desmoid tumor and therefore what would be appropriate imaging. Likewise, there is no documentation of the date of prior treatment and prior scans. Therefore, the record does not document to the extent that medical necessity can be determined for a CT scan of the chest.

CT of the Abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pulmonary Chapter CT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Desmoid Tumors, Surveillance

Decision rationale: A desmoid tumor is a soft tissue tumor with a high rate of local recurrence, but a low rate of metastases. The Medical Treatment Utilization Schedule (MTUS) does not address desmoid tumors or follow-up surveillance for tumors. The Official Disability Guidelines (ODG) states that computed tomography (CT) scan of the chest is recommended for post-therapeutic evaluation of bronchogenic carcinoma. Authoritative sources such as Up-to-date state that no evidence-based protocols exist for surveillance post treatment for desmoid tumors. They recommend appropriate imaging every 3-6 months for 2-3 years, then annually. In this case, there is no documentation of the location of the previous desmoid tumor and therefore what would be appropriate imaging. Likewise, there is no documentation of the date of prior treatment and prior scans. Therefore, the record does not document to the extent that medical necessity can be determined for a CT scan of the abdomen.