

Case Number:	CM13-0066368		
Date Assigned:	01/03/2014	Date of Injury:	11/14/2011
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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:

The patient is a 56-year-old male who reported injury on 11/14/2011. The mechanism of injury was noted to be the patient was lifting a heavy box out of the trunk of a car and developed right shoulder pain. The documentation of 11/19/2013 revealed that the patient was 2 years post injury and 8 months post revision of a long head biceps tenodesis. It was indicated that the patient was using Lyrica 4 times a day and lidocaine 5% pain patch, as well as a TENS unit. The physical examination revealed the patient had passive elevation to 90 degrees, causing significant pain going down the arm, front, and back, and into the chest wall. Above 90 degrees, the patient had significant pain. Gentle isolated manual muscle testing revealed improved rotator cuff strength that was painful. The patient's diagnostic impression was noted to be 8 months post exploration of right long head biceps tenodesis with revision of tenodesis and removal of biceps tenodesis screw in the proximal humerus, status post right rotator cuff repair and subacromial decompression with intact rotator cuff by MRI and by palpation at last surgery, right upper extremity paresthesias of unknown etiology, and ongoing recurrent pain, right shoulder and upper extremity. The treatment plan was noted to include an MR arthrogram to determine if there was pathology that might explain the patient's ongoing right upper extremity symptoms. The physician opined that since each surgery, the patient's symptoms were worse, and, if there were findings on the MR arthrogram that would indicate a reason for surgical intervention, the physician would not feel comfortable doing a third surgery on the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE ARTHROGRAM (MRA) OF THE RIGHT SHOULDER:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR arthrogram

Decision rationale: The Official Disability Guidelines recommend an MRA as an option to detect labral tears and for suspected re-tear postoperative rotator cuff repair. The Official Disability Guidelines further indicate that an MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that an MRA be performed even with a negative MRI of the shoulder. The clinical documentation submitted for review failed to indicate the physician had suspicions of a labral tear. Given the above and the lack of documentation of exceptional factors, the request for an MRA of the right shoulder is not medically necessary or appropriate at this time.