

Case Number:	CM14-0049265		
Date Assigned:	06/25/2014	Date of Injury:	08/25/2011
Decision Date:	12/26/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 48 year old male with date of injury 8/25/11. The treating physician report dated 2/5/14 indicates that the patient presents two years status post right shoulder SLAP II tear with current pain affecting the right shoulder. The physical examination findings reveal positive joint laxity tests and decreased internal rotation. Prior treatment history includes cortisone injection on 8/27/13 providing several weeks of relief. MRI findings dated 9/20/11 reveal tendonitis of right rotator cuff, bone cyst humeral head, non-displaced tear of the posterosuperior labrum and arthritic changes. MRI findings dated 9/10/13 state there was a successful right shoulder arthrogram, post labral repair anchors are in place, interval development of a probable 15x15mm cartilaginous flap of the inferior glenoid with bone marrow edema. The current diagnoses are: 1. Joint pain in shoulder 2. SLAP lesion 3. Right shoulder SLAP II repair. The utilization review report dated 2/26/14 denied the request for a repeat MR arthrogram of the right shoulder based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MR Arthrogram of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 214. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder MR Arthrogram

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 patient presents with chronic right shoulder pain and is 2 years post SLAP II repair surgery. The current request is for Repeat MR Arthrogram of the Right Shoulder. The treating physician report dated 2/5/14 states, "MRI Arthrogram Upper Extremity RT shoulder has been ordered to evaluate for a Bankart lesion." The MTUS guidelines do not address MRI's but ODG guidelines states for MR arthrogram of shoulder, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. 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 a MR arthrogram is performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients." This patient already had an MR arthrogram from 9/10/13 that showed post labral repair anchors in place. The treater does not explain why another set of MR arthrogram is required. In this case the treating physician has documented chronic constant pain and positive orthopedic laxity testing. But there is no new injury, no significant change in clinical presentation. The request is not medically necessary.