

Case Number:	CM15-0204920		
Date Assigned:	10/21/2015	Date of Injury:	02/07/2004
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/19/2015

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: Indiana, 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 59 year old male, who sustained an industrial injury on 2-7-04. The injured worker was being treated for right shoulder rotator cuff repair, left shoulder adhesive capsulitis and hepatomegaly. On 8-11-15, the injured worker complains of constant pain in right shoulder with almost complete loss of motion with inability to perform any reaching activities and difficulty with range of motion activities. He is currently not working. Physical exam performed on 8-11-15 revealed bilateral paravertebral and trapezius tenderness, right anterior shoulder tenderness, acromioclavicular joint is absent, arthroscopic portals are noted, restricted range of motion of right shoulder and decreased strength of biceps, deltoids and triceps. MRI arthrogram of right shoulder performed on 5-8-15 revealed full thickness tear of supraspinatus tendon, mild retraction of the supraspinatus muscle, anterior dislocation of tendon of long head of biceps muscle, mild superior subluxation of humeral head and postoperative changes of tendon repair at proximal humerus. Treatment to date has included right and left knee surgeries, left shoulder surgery, cervical spine fusion, right shoulder arthroscopic repair of rotator cuff, 12 physical therapy sessions without benefit and activity modifications. The treatment plan included request for MR arthrogram of right shoulder and medical evaluation with clearance for surgery. On 9-24-15 request for MR arthrogram of right shoulder and medical evaluation with clearance for surgery was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR angiogram upper extremities with and without dyes: 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), Shoulder chapter. Arthrography.

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

Decision rationale: MTUS is silent specifically regarding MRI Angiogram of the shoulder. Therefore, other guidelines were utilized. ODG states regarding MR Angiogram of the 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 angiogram be 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. Direct MR arthrography can improve detection of labral pathology. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR angiogram is recommended." He had a MR Angiogram of the upper extremities with and without dye in May 2015, which showed the need to repair a re-tear. Surgery was approved in June 2015. There is no discussion or justification for a repeat test and what diagnostic value it will be for the employee. Therefore, the request is not medically necessary.

Office/outpatient visit-internist: 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), Pain Chapter. Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; office visits.

Decision rationale: MTUS is silent regarding visits to an internal medicine specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual

patient independence from the health care system through self-care as soon as clinically feasible". The employee does not suffer from complicated medical conditions, which would justify a pre-op evaluation that is more than the normal one done by anesthesia staff prior to surgery. Therefore, the request is not medically necessary.