MAXIMUS Federal Services

Case Number:	CM14-0214614		
Date Assigned:	01/07/2015	Date of Injury:	11/14/2011
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Physical Medicine & Rehabilitation

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 57 year old male with the injury date of 11/14/11. Per physician's report 11/25/14, the patient has right shoulder pain. The patient is currently taking Lidoderm patches, Lyrica and Norco. There is significant tenderness over the right mid biceps and chest musculature with swelling. There is tingling sensation with Wartenberg pinwheel in the right lower arm in a non-distinct dermatomal pattern. The lists of diagnoses are: 1) Acute exacerbation s/p long head biceps tendonitis. 2) S/P right long head bicep tenodesis with revision of the tenodesis and removal of the biceps tenodesis screw at proximal humerus. 3) S/P right rotator cuff repair and subacrominal decompression. 4) Right upper extremity paraesthesias. 5) Injury to the median nerve secondary to hematoma formation one year gao. 6) Rule out radial tunnel syndrome. Per 10/21/14 progress report, the patient has on-going right shoulder pain, extending into his biceps. His orthopedic surgeon does not recommend another surgery. The treater wants the patient to have psychological consultation and cognitive behavioral therapy sessions. The patient is scheduled to see a neurologist on 10/22/14. Per 09/16/14 progress report, the patient has tried medications, sunlight therapy and stretching exercise. The utilization review determination being challenged is dated on 12/17/14. Treatment reports were provided from 05/27/14 to 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the right shoulder/brachiop lexus region: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MR arthrogram of shoulder.

Decision rationale: The patient presents with pain in his right shoulder and right arm. The patient is s/p right long head bicep tenodesis with revision of the tenodesis and removal of the biceps tenodesis screw at proximal humerus and s/p right rotator cuff repair and subacrominal decompression. The recent surgery was on 03/27/13. The request is for MRI arthrogram of the right shoulder/ brachioplexus region. Review of the reports does not indicate if the patient had a prior MR Arthrogram of the shoulders. The MTUS/ ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Ch.9 Special Studies and Diagnostic and Treatment Considerations, page 207- 209 offers primary criteria for ordering imaging studies including
Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). ODG guidelines, under Shoulder chapter, 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 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." In this case, the patient is s/p post-op for biceps tenodesis and rotator cuff repair. There is no evidence that the patient had a post-operative MRI. The request for MR arthrogram appear reasonable given the suspicion for re-tear of rotator cuff and potential labral tear issues from biceps repair. The request is medically reasonable.