

<b>Case Number:</b>	CM15-0017436		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California  
 Certification(s)/Specialty: Orthopedic Surgery, Sports 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 52-year-old male who reported injury on 02/18/2011. There was a Request for Authorization submitted for review dated 12/09/2014. The mechanism of injury was not specifically provided. The injured worker underwent physical therapy and surgical intervention for his right shoulder and underwent a right ankle reconstruction. The documentation of 01/21/2015 revealed the injured worker's medications included Tylenol with Codeine and Norco. The injured worker was noted to have no injections. The physical examination of the left shoulder revealed 180 degrees of abduction, 170 degrees of forward flexion, external rotation of 60 degrees and internal rotation to T8. The examination of the right shoulder revealed 160 degrees of abduction, 150 degrees of forward flexion, 50 degrees of external rotation, internal rotation to T12. The right shoulder was tender over the anterior aspect of the acromion and tender over the biceps tendon, as well as AC joint. The injured worker had a positive Speed's test, and impingement test. Plain radiographs revealed a type 2 acromion and were noted to be otherwise unremarkable. The injured worker underwent an MRI of the right shoulder in 08/2013 which revealed a SLAP lesion and rotator cuff tendinosis. The first surgical intervention for his shoulder was in 01/2012 and included a subacromial decompression, Mumford procedure and open stabilization of the AC joint. The second surgery was on 07/11/2012 and consistent of a right shoulder capsulorrhaphy and repair of the glenoid labrum. The recommendation was for a revision arthroscopic subacromial decompression and resection of the long head of the biceps tendon. There was a second Request for Authorization submitted

for review from a secondary physician requesting arthroscopic subacromial decompression, biceps tendon resection and arthroscopic debridement dated 01/27/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pre-operative right shoulder MRI (Magnetic Resonance Imaging) arthrogram: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Shoulder Procedure Summary last updated 08/27/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Magnetic Resonance Imaging (MRI).

**Decision rationale:** The Official Disability Guidelines indicate that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms or findings of a significant pathology and that arthrography and MRIs have fairly similar diagnostic and therapeutic impact and comparable accuracy although the MRIs were more sensitive and less specific. There was a lack of documented rationale for the requested preoperative MRI. The injured worker was noted to undergo an MRI of the right shoulder in 2013 which had positive findings and would support the necessity for surgical intervention. However, given the lack of documentation indicating a rationale for a secondary study, the request for preoperative right shoulder MRI magnetic resonance imaging arthrogram is not medically necessary.

#### **Blood studies: BUN (blood urea nitrogen) and Creatinine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labstestsonline.org

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Preoperative lab testing.

**Decision rationale:** The Official Disability Guidelines indicate the decision to order preoperative testing should be guided by the injured worker's clinical history, comorbidity and physical examination findings and electrolyte and creatinine testing should be performed in injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. There was a lack of documented rationale for the requested testing. Given the above, the request for blood studies: BUN (blood urea nitrogen) and creatinine is not medically necessary.