

Case Number:	CM15-0171975		
Date Assigned:	09/14/2015	Date of Injury:	01/22/2013
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

He sustained the injury due to lifting a heavy items. The diagnoses include left rotator cuff tear, left shoulder sprain and strain, and status post left shoulder arthroscopy with SLAP lesion repair, subacromial decompression and complete synovectomy. Per the doctor's note dated 9/1/15, he had improving left shoulder, doing home exercise and left biceps cramp on lifting and carrying object. The physical examination revealed ruptured long head bicep tendon on the left side, inability to abduction and forward flexion more than 120 degrees. Per the progress report dated 07-02-2015 he could sleep better now; and his left shoulder range of motion was improving, but his biceps muscle cramped a lot. The physical examination revealed improving range of motion and bicep tear persisted. Per the progress report dated 06-16-2015 he had completed 7 physical therapy sessions and the left shoulder was improving. He had increased range of motion and decreased pain; however, it was weak. The physical examination revealed a ruptured long head bicep tendon on the left shoulder. The medications list includes Percocet. He has undergone left distal biceps tendon repair on 3/13/2013; left shoulder arthroscopy for type II SLAP lesion repair, subacromial decompression and complete synovectomy on 3/5/2014; left shoulder arthroscopic surgery with Mumford procedure, secondary subacromial decompression/acromioplasty, bursectomy, labral debridement and synovectomy and intrabursal injection on 4/24/2015. He has had left shoulder MR arthrogram on 8/6/15 which revealed partial tear of subscapularis tendon and a complete tear of biceps tendon, abnormal morphology and signal intensity in the posterior inferior labrum consistent with prior tear and scarring; X-rays of the

left shoulder on 05-18-2015 which showed post-surgical changes in the form of acromioplasty and Mumford procedure; an MRI Arthrogram of the left shoulder on 07-23-2014 which showed residuals of a labral tear; EMG/NCS of the left upper extremity dated 8/20/14 which revealed left mild ulnar neuropathy at the elbow. He has had physical therapy and left shoulder injections for this injury. The treating physician indicated that the patient needed an MR Arthrogram of the left shoulder to confirm a bicep tear. On 07-29-2015, Utilization Review (UR) non-certified the request for left shoulder Arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 09/08/15) MR arthrogram.

Decision rationale: According to ACOEM guidelines cited below, "For most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out." "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms." In addition, per the ODG guidelines, MR arthrogram is "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. 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 arthrography is recommended. It is particularly helpful if the abnormal signal intensity extends from the undersurface of the tendon. (Steinbach, 2005) The main advantage of MR arthrography in rotator cuff disease is better depiction of partial tears in the articular surface. (Hodler, 1992) It may be prudent to include an anesthetic in the solution in preparation for shoulder MR arthrography. (Fox, 2012)" He has undergone left distal biceps tendon repair on 3/13/2013; left shoulder arthroscopy for type II SLAP lesion repair, subacromial decompression and complete synovectomy on 3/5/2014; left shoulder arthroscopic surgery with Mumford procedure, secondary subacromial decompression/acromioplasty, bursectomy, labral debridement and synovectomy and intrabursal injection on 4/24/2015. Per the records provided his left shoulder range of motion was improving, but his biceps muscle cramped a lot and the physical examination revealed improving range of motion but persistent biceps tear. Left shoulder MR arthrogram was prescribed to confirm biceps tear and to plan for surgical intervention. The cited guidelines recommends MR arthrogram to detect labral tears, and for suspected re-tear post-op rotator cuff repair. The request of Left shoulder arthrogram is medically appropriate and necessary for this patient.