

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/7/2013
Date of Injury: 12/4/2003
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0013227

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, and is licensed to practice in MI, NE, and TX. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The patient is a 53-year-old male who reported an injury on 12/04/2003 when he was bending over working on the concrete below a fire hydrant and he quickly stood up and struck the top of his left shoulder against the arm of the fire hydrant. The patient was noted to have never lost any work, but to have been placed on an easier job for 2 months and then transferred back to his regular job after which he noticed a steadily worsening pain in his left shoulder. The patient is noted to have worked as a concrete inspector starting about 6 months after the injury and his left shoulder pain then improved, but he continued to have 3/10 soreness in his left shoulder which was worsened with the wrong movement. Approximately a year and a half later, the patient started on a new job and he noted steadily worsening of his left shoulder pain which he rated 7/10 to 8/10. On 05/22/2013, the patient is noted to have treated with physical therapy and 3 cortisone injections to his shoulder in the prior year. He reported the third injection did not help in any way. The patient is noted to rate his pain 1/10 to 2/10 in his left shoulder which was worse with wrong movements particularly lifting his left arm above shoulder height. The patient is reported to have not had an MRI in several years and is noted to have a history of an arthroscopic surgery to his left shoulder in 2002 for debridement of bony spurs and reported to have done well after the operation and had no further left shoulder symptoms until the time of his accident. The patient is noted to have 2/4+ tenderness of the short and long head of the left biceps tendon and tenderness over this rotator cuff. He was able to abduct to 80 degrees to the side and front, 40 degrees of horizontal extension were noted with pain and weakness using his supraspinatus muscle and with internal rotation of his flexed left elbow. The patient is noted to have continued to treat with home exercise and stretching 2 times a day. An orthopedic second opinion signed by Dr. [REDACTED] dated 07/26/2013 noted the patient's pain had been increasing over several years. He had had pain with daily use, trouble raising his arm overhead, and especially had difficulty lifting concrete. His pain was reported to be at that time constant, interfering with sleep, and activities of daily living. The patient is noted to have previously treated with a TENS unit, ice, heat, stretching

exercise, and cortisone injections. On physical exam, the patient was noted to have 150 degrees of elevation and 30 degrees of external rotation with crepitus. There was pain along the anterior joint line. Internal rotation was limited to the sacrum. He was mildly tender over the long head of the biceps. Speeds test was positive. X-rays performed on that date noted read by Dr. [REDACTED] reported findings that the AC joint was narrowed with a slight capsule or distention, there was hypertrophy around the glenoid with inferior humeral osteophytes, the acromial humeral interval was slightly narrowed which could impinge on the rotator cuff, and the glenoid and humerus overlapped. The clinical note dated 08/13/2013 signed by Dr. [REDACTED] noted the patient's objective findings were reported to be unchanged. The patient is noted to have had extensive conservative care. On that date, the patient was given an intra-articular injection with Xylocaine, Marcaine, and Depo-Medrol.

IMR DECISION(S) AND RATIONALE(S)

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

1. Left shoulder arthroscopy with bicep tenodesis and possible subacromial decompression (between 07/26/2013 & 10/04/2013) is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 9, pgs 210-211, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg. 211, impingement syndrome, which is a part of the MTUS and the Official Disability Guidelines (ODG), Shoulder (Acute and chronic), which is not a part of the MTUS..

The Physician Reviewer's decision rationale:

A review of the records submitted indicates that the employee was noted to initially have been treated conservatively with cortisone injections and physical therapy with some relief and also noted when changed jobs, this relieved his left shoulder pain further. However, after the employee began a new job, the left shoulder pain began to increase and worsened. The employee is noted have undergone an MRI of the left shoulder in 02/2013 which noted mild degenerative fraying of the bursal surface of the subscapularis tendon and the bursal surface of the distal supraspinatus tendon, acromioclavicular arthropathy with inferior projecting osteophytes and tendinosis in the intra-articular portion of the long head of the biceps tendon without tear. The employee is noted to have continued with treatment, to have been evaluated on 05/31/2013 by a provider who noted that the employee had severely decreased range of motion of the left shoulder in abduction and forward flexion and positive impingement signs and tenderness to palpation. The employee is reported to continue to treat conservatively without improvement. The employee was seen by the provider on 07/26/2013 for a second opinion. It was noted on physical exam to have limited range of motion of the left shoulder in all planes, and tenderness to palpation of the long head of the biceps in the anterior shoulder. The employee is recommended for a left shoulder arthroscopy with biceps tenodesis and possible subacromial decompression. The California MTUS Guidelines state that ruptures of the long head of the biceps tendon are usually due to degenerative changes of the tendon and can almost always be managed conservatively because there is no accompanying functional disability and surgery for impingement syndrome is usually arthroscopic decompression after conservative care including

cortisone injections. The Official Disability Guidelines state that a tenodesis of the biceps tendon is not recommended as a stand alone procedure and there must be evidence of an incomplete tear or fraying of the proximal biceps. As the employee is noted to have osteoarthritis of the AC joint with reported down curving acromion and osteophytes impinging on the rotator cuff, a subacromial decompression would be indicated; however, as the request is for a biceps tenodesis with a possible subacromial decompression, and the Guidelines do not recommend a biceps tenodesis as a stand alone procedure, the request does not meet Guideline recommendations. **The request for a left shoulder arthroscopy with bicep tenodesis and possible subacromial decompression (between 07/26/2013 & 10/04/2013) is not medically necessary and appropriate.**

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[REDACTED]

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