

Case Number:	CM13-0002194		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2013
Decision Date:	05/19/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/18/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 54-year-old male who sustained an injury to the right shoulder on May 29, 2013. The clinical records available for review include a June 14, 2013 MRI report of the right shoulder, demonstrating high-grade, partial tearing to the long head of the biceps tendon with retraction, acromioclavicular joint hypertrophic changes, and mild impingement findings of the supraspinatus. A July 3, 2013 follow-up evaluation documents continued complaints of right shoulder pain and physical examination findings showing 160 degrees of active abduction with acromioclavicular joint tenderness, tenderness over the greater tuberosity, and deformity at the biceps muscle consistent with a long head tendon rupture. The claimant's was diagnosed with right shoulder tendon rupture along the long head of the biceps tendon. This request is for shoulder arthroscopy, decompression and distal clavicle excision; rental or purchase of a cryotherapy unit for post-operative use; and eight sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION, AC JOINT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the California ACOEM guidelines and the Official Disability Guidelines, subacromial decompression and acromioclavicular joint distal clavicle excision would not be indicated. The claimant is diagnosed with a long head biceps tendon rupture. Complete ruptures of the long head of the biceps tendon do not necessitate need for operative intervention. Regarding the request for a subacromial decompression, the records do not document 3-6 months of failed conservative care, including injection therapy. The absence of documentation of failed conservative measures, in concert with the claimant's clinical presentation of a biceps tendon rupture, would not support the requested surgery as medically indicated.

COLD UNIT, PURCHASE OR RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EIGHT VISITS OF POSTOPERATIVE PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.