

Case Number:	CM13-0021993		
Date Assigned:	11/13/2013	Date of Injury:	09/21/2010
Decision Date:	02/03/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation, 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 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. 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:

This claimant is a 44-year-old male with a reported date of injury of 09/21/2010. Mechanism of injury is working on a tilt wheel trying to pull on a lever and the lever released unexpectedly and jerked his arm. An MRI dated 08/29/2012 reveals that this patient is status post acromioplasty and rotator cuff repair with focal artifacts and there is mild scarring in the adipose fat around the acromioplasty and also about the proximal adjacent deltoid. He was taken to surgery on 01/12/2013 for right shoulder arthroscopy, with extensive debridement of labral tear and synovitis, and a subacromial debridement with lysis of adhesions and manipulation under anesthesia, all involving the right shoulder. A medical record review dated 09/06/2013 indicated that the claimant had been seen and noted to have severe loss of motion and underwent a repeat shoulder arthroscopy with extensive debridement and lysis of adhesions. He has now been noted to have decreased motion and to assess this, he was found the patient have pain in the bicipital region and was injected into that region with only minimal relief. His bicipital groove was injected and he had flexion increased to 130 degrees suggesting that he had findings consistent with bicipital tendonitis. Diagnoses is tear or sprain and strain of the rotator cuff status post 2 surgical procedures and plan going forward is to do an arthroscopy with sectioning of the biceps tendon intra-articularly and performing a sub pectorals biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with bicep tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-211.

Decision rationale: MTUS/ACOEM, Chapter 9, states "-Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, especially by young bodybuilders, but is not necessary for function." The submitted medical records indicate this patient may have bicipital tendonitis based on 1 injection. There is no objective evidence of bicipital tendonitis. The records are silent after 09/06/2013 and on 09/06/2013 a physical exam had not been performed. Therefore, the current status of this patient is unknown based on the records. It is not known if he continues to have significant bicipital pain or if he is significantly improved. There is also lack of documentation of significant current conservative care for this patient prior to undergoing surgical procedures as recommended by MTUS/ACOEM. Therefore, the request for right shoulder arthroscopy with biceps tendon is non-certified.

Pre-op medical clearance: 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: MTUS/ACOEM, chapter 5 states "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The most recent record is dated 09/26/2013 and it did not include a physical examination. The records are silent after that and therefore, there is no indication of the current status of this patient. There is no indication that he has significant comorbidities for which a preoperative medical clearance would be supported such as cardiac issues, diabetes, or hypertension. The surgical procedure is not medically necessary at this time as well and therefore, there is no indication for a preoperative medical clearance for this patient. The request is non-certified.

Physical therapy post-op two times a week for four weeks: 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: Postop guidelines state "Rupture of biceps tendon (ICD9 727.62): Postsurgical treatment: 24 visits over 16 weeks *postsurgical physical medicine treatment period: 6 months." Postsurgical treatment for ruptured biceps tendon would be 24 visits over 16 weeks. The last clinical note does not indicate the biceps tendon would be ruptured but the procedure as requested would transect that biceps tendon and tenodesis would be performed. The records are silent after 09/06/2013 and the last note did not follow the clinical evaluation of this claimant. As his clinical status is unknown, and as the surgical procedure itself is not considered medically necessary, there would be no need for postoperative therapy. Therefore this request is not considered medically necessary and is non-certified.