

Case Number:	CM13-0029214		
Date Assigned:	05/21/2014	Date of Injury:	08/06/1991
Decision Date:	07/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/25/2013

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, has a subspecialty in Hand 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 patient is a 66-year-old gentleman injured on August 6, 1991. The report of a September 5, 2012, MR arthrogram of the left shoulder shows extensive metal artifact from various prior surgeries. Partial thickness pathology to the supraspinatus tendon is noted, with no indication of full thickness rotator cuff tear. Subluxation of the biceps tendon and degenerative changes at the glenoid and acromioclavicular joints were documented. The report of a July 29, 2013, CT scan with the arthrogram of the shoulder showed displacement of the humeral head; no dislocation and thinning of the articular cartilage of the humeral head and glenoid were noted. A September 11, 2013, follow-up report documented continued complaints of left shoulder pain. Physical examination findings revealed multiple healed incisions, restricted range of motion to 130 degrees, tenderness at the biceps tendon and positive Speed's test. Rotator cuff strength was normal. The patient was diagnosed with left shoulder pain following prior rotator cuff repair. This request is for the following procedures: shoulder arthroscopy with debridement; possible revision rotator cuff repair; and subpectoral biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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

Decision rationale: Based on California MTUS ACOEM Guidelines, left shoulder arthroscopic debridement would not be supported in this case. The patient has undergone multiple prior shoulder procedures, including rotator cuff repair surgeries, and there is no indication of recurrent or full thickness rotator cuff tearing on imaging. Because the patient's imaging study results are consistent with underlying degenerative arthrosis, the request for arthroscopic debridement would not be medically indicated at this time.

POSSIBLE REVISION OF ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Rotator Cuff Repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: According to California MTUS ACOEM Guidelines, a revision rotator cuff repair would not be indicated in this case. ACOEM Guidelines criteria typically do not support the need for multiple rotator cuff procedures due to failing efficacy. As noted, the patient has undergone prior rotator cuff repair procedures and there is no documentation of recurrent or full thickness rotator cuff pathology. In the absence of full thickness pathology, and given the patient's history of prior rotator cuff repairs, this requested portion of the surgical process would not be supported as medically necessary.

SUBPECTORAL BICEPS TENODESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS ACOEM Guidelines and supported by the Official Disability Guidelines would not support the request for an isolated biceps tenodesis. The reviewed records do not reference clinical findings suggestive of significant biceps pathology upon examination or chronic changes noted on imaging. In the absence of such documented findings, the request for this isolated portion of the surgical process would not be supported as medically necessary.