

Case Number:	CM13-0051450		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2012
Decision Date:	03/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 41 year old claimant was injured on January 20, 2012. The documentation provided for review indicated that surgery for the right shoulder was performed in the form of arthroscopy and debridement of a partial thickness rotator cuff tear in September 2012. At that juncture a chronic proximal biceps tendon rupture was noted during the arthroscopy. The records indicated that one year later the claimant continued to have complaints of pain in the shoulder, weakness and associated Popeye deformity in the arm. The claimant was seen by [REDACTED] several times in the fall of 2013. The examination findings for the claimant's right shoulder in September of 2013 were noted as mild generalized anterior tenderness in the soft tissues, full range of motion of the shoulder with intact rotator cuff strength and a Popeye deformity. The examination of the right shoulder performed on October 18, 2013 was unchanged. At that office visit [REDACTED] commented that he was not sure he was going to be able to help the claimant's pain with surgery. Arthroscopy for debridement and rotator cuff repair with evaluation of the labrum and proximal biceps tenodesis was requested. This procedure was denied and subsequently [REDACTED] requested an Independent Medical Review for arthroscopy with debridement. *â€¦*

IMR ISSUES, DECISIONS AND RATIONALES

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

right shoulder arthroscopy with possible debridement and right shoulder open subpectoral biceps tenodesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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: The ACOEM 2004 Guidelines support shoulder surgery if there is decreased range of motion and strength around the shoulder after an exercise program plus existence of a surgical lesion. There should be clear clinical imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In this case, there is no documentation of a recent MRI. The MRI report provided is December 2012 and does not show any significant surgical lesion. There is no convincing evidence of a surgical lesion based on the claimant's physical examination. There is excellent range of motion and strength. There are no physical examination findings of a labral problem or rotator cuff problem. There are no examination findings of impingement syndrome but there are findings of a proximal biceps deformity. The ACOEM Guidelines do not support surgery for rupture of the proximal head of the biceps tendon particularly when it is a chronic rupture. There is no documentation of any conservative care provided for the current shoulder condition. Absent documentation of failure of appropriate conservative care and convincing documentation of a surgical lesion based on physical examination and imaging findings, shoulder arthroscopy surgery with debridement is not certified in this case.