MAXIMUS Federal Services

Case Number:	CM13-0065258		
Date Assigned:	05/12/2014	Date of Injury:	02/27/2013
Decision Date:	06/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 patient has submitted a claim for superior glenoid labrum tear, left, associated with an industrial injury date of 02/27/2013. Medical records from 2013 were reviewed showing that the patient complained of bilateral shoulder pain after lifting a heavy TV screen overhead. Thereafter, he began to experience pain with radiating sensation to his right triceps, and left biceps. This resulted to difficulty sleeping on the right side and performing activities such as, lifting, pulling, and carrying. Physical examination revealed normal muscle strength and range of motion of both shoulders. Provocation test, Speed's test, Hawkin's test, O'Brien's test were all negative. There were no impingement signs or tenderness. Neurovascular was intact. There was no asymmetry. The plan was to consider surgery only if the symptoms became more limiting. A progress note from 10/28/2013 stated that the pain at the right shoulder was more severe than the left, hence, the plan was right biceps tenodesis. X-ray of the left shoulder, dated 03/04/2013, revealed no distinct abnormality, fracture or dislocation; with probable bone island in the humeral head. An MRI of the left shoulder, dated 03/30/2013, revealed strain and/or bursal-sided inflammation of the supraspinatus tendon, which has developed since the prior MRI on 06/25/2009. Tear of the anteriosuperior portion of the labrum, which involved the inferior surface of the biceps anchor. Mild degenerative change of the left acromioclavicular joint and a mildly anterolaterally downsloping orientation of the acromion. MRI of the right shoulder, dated 03/30/2013, revealed linear increased smooth signal between the anterosuperior labrum and the glenoid rim, which may represent a normal variant sublabral recess than a labral tear; intact rotator cuff; and mild degenerative changes of the right acromioclavicular joint and a mildly anterolaterally downsloping orientation of the acromion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSISTANT SURGEON: 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 surgical procedure has been deemed not medically necessary, all of the associated services, such as, the request for assistant surgeon is likewise not medically necessary and appropriate.

LEFT SHOULDER SCOPE, BICEPS TENODESIS, DISTAL CLAVICAL RESECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Online Edition.

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

Decision rationale: Pages 209 - 211 of CA MTUS ACOEM Guidelines state that surgical intervention is necessary for patients who have red flag conditons, activity limitations for more than four months, plus existence of a surgical lesion; and failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. For partial full-thicknesses and small tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. Surgery for impingement syndrome is not indicated for patients with mild symptoms or those who have no activity limitations. In addition, conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. Ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon and can almost always be managed conservatively because there is no accompanying functional disability. Surgery is not necessary for function. In this case, patient complained of bilateral shoulder pain after lifting a heavy TV screen overhead in February 2013. This resulted to difficulty sleeping on the right side and performing activities such as, lifting, pulling, and carrying. Physical examination revealed normal muscle strength and range of motion of both shoulders. Provocation test, Speed's test, Hawkin's test, O'Brien's test were all negative. There were no impingement signs, tenderness, or asymmetry. An MRI of the left shoulder, dated 03/30/2013, revealed a tear of the anteriosuperior portion of the labrum, which involved the inferior surface of the biceps anchor. An MRI of the right shoulder, dated 03/30/2013, revealed intact rotator cuff. A progress note from 10/28/2013 stated that the pain at the right shoulder was more severe than the left, hence, the plan was right biceps tenodesis. However, objective findings were unremarkable. Furthermore, the present request is for left shoulder surgery when the progress

reports cited a surgical plan for the contralateral, right, side. In addition, there is no evidence that the patient has tried - and failed - conservative therapy. Therefore, the request for left shoulder scope, biceps tenodesis, distal clavical resection is not medically necessary and appropriate.