

Case Number:	CM14-0002128		
Date Assigned:	01/24/2014	Date of Injury:	07/26/2012
Decision Date:	06/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/07/2014

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 injured worker is a 49-year-old male who reported injury on 07/26/2012. The mechanism of injury was the injured worker was lifting heavy objects with arms outstretched and felt pain in the right shoulder. The diagnosis was rotator cuff syndrome. The injured worker underwent an MRI of the right shoulder on 12/15/2012. The MRI revealed calcific tendinosis, supraspinatus tendinopathy, infraspinatus tendinopathy with a partial tear, labral tears, paralabral cysts and moderate AC arthritis. Biceps tendon was in the groove. The physician documentation of 08/01/2013 revealed the initial request for surgery was denied because the injured worker had not undergone an adequate trial of conservative therapy. The documentation indicated the injured worker had improvement with 12 sessions of physical therapy and that the injured worker would like to discuss surgery because he felt he was still limited and was unable to return to regular work. The diagnosis was calcific tendonitis and the treatment plan was a right shoulder scope debridement of a large calcific tendon decompression, large rotator cuff repair and possible biceps tenotomy versus 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 REPAIR, ROTATOR CUFF DEBRIDEMENT OF LARGE CALCIFIC TENDONITIS WITH REPAIR OF LARGE CUFF TEAR AND POSSIBLE BICEPS TENODESIS: Overturned

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): 210-211.

Decision rationale: The ACOEM Guidelines indicate that for a surgical consultation there must be activity limitation for more than four months plus the existence of a surgical lesion and the existence of a surgical lesion and have clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Partial thickness rotator cuff tears are small, full thickness tears represent as impingement and surgery is reserved for cases failing conservative therapy for 3 months. The clinical documentation submitted for review indicated the injured worker had a partial tear of the posterior portion of the tendon. The injured worker had undergone 12 sessions of physical therapy. While there was no large rotator cuff tear, the injured worker had a large calcific deposit which would require debridement and after the debridement was performed, the injured worker would have a rotator cuff tear that would need repair. The ACOEM Guidelines indicate that ruptures of the biceps tendon are usually due to degenerative changes and they can almost always be managed conservatively. As they don't specifically address the criteria for a biceps tenodesis, secondary guidelines were sought. The Official Disability Guidelines indicate that the criteria for tenodesis of the long head of the biceps include a diagnosis with incomplete tear or fraying of the proximal biceps tendon on MRI. This request was previously denied per clinical documentation due to the vague subjective complaints of the injured worker, that there was no rotator cuff tear, that there was no biceps lesion and that most calcific tendinitis can be treated with a subacromial decompression and steroid injection. Additionally, it was denied due to when the calcific deposits are removed, it would not necessarily create a large rotator cuff that would need to be repaired. The MRI indicated biceps tendon was in the groove. However, the injured worker had a superior labral tear per the MRI and this surgical intervention is appropriate to repair the tear. Given the above, and the exceptional factors to warrant non-adherence to guideline recommendations, the request for right shoulder arthroscopy with repair, rotator cuff debridement of large calcific tendonitis with repair of large rotator cuff tear and possible biceps tenodesis is medically necessary.