

Case Number:	CM14-0003659		
Date Assigned:	02/03/2014	Date of Injury:	08/02/2012
Decision Date:	07/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine, 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:

This is a 54-year-old male with an 8/2/12 date of injury. He was a custodian who felt a sudden pop in the right shoulder while wiping down the top of refrigerator. On 11/20/13, the patient states that his shoulder bothers him off and on, but his biceps continues to be a constant problem. He states that every time he turns the car ignition on with a resisted supination motion, he has burning and cramping in his arm. Objective findings include markedly drooped right biceps with long head. His flexion strength is weak. His right shoulder has good range of motion and function, with slight irritability on abduction and supraspinatus isolation. An MRI arthrogram of the right shoulder on 3/26/13 was consistent with a tear of the long head of the biceps and a high-grade articular surface tear of the distal superior subscapularis tendon with mild tendinosis. The diagnostic impression was of a biceps tendon rupture of right shoulder, and rotator cuff impingement. Treatment to date has included activity modification, medication management, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY: RIGHT SHOULDER ARTHROSCOPY, ART RTC REPAIR, DECOMPRESSION, OPEN BICEP TENODESIS;; Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.23.2. Shoulder Complaints: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9 Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: Biceps Tenodesis, Subacromial Decompression. Other Medical Treatment Guideline or Medical Evidence: 'Wheeless' Textbook of Orthopaedics states on Biceps Tendonitis - Tendonopathy.

Decision rationale: The California MTUS states that 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, but is not necessary for function. The Official Disability Guidelines states that surgery is almost never considered in full-thickness ruptures. The MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, the MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least 3-6 months prior to considering surgery. The MTUS states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. For partial full-thickness and small tears, surgery is reserved for cases failing conservative therapy for three months. However, this patient is noted to have a full thickness biceps tendon rupture that occurred in 2012. Guidelines do not support the repair of full-thickness biceps tendon ruptures. In addition, in regards to the subacromial decompression and rotator cuff repair, there is minimal exam findings on the recent physical exam demonstrating significant difficulties with range-of-motion or functional deficits in regards to the shoulder. The shoulder exam notes good range of motion and function, with slight irritability on abduction and supraspinatus isolation. There is no clear documentation of a shoulder injection being performed on this patient prior to proceeding to surgery. Guidelines require documentation of failure of conservative management prior to proceeding to surgery. As such, the request is not medically necessary.

THERAPY: PT 2X6 OF RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DME POLAR CARE PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter: Cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SLING PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: Immobilization.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.