

Case Number:	CM14-0127227		
Date Assigned:	08/15/2014	Date of Injury:	11/06/2013
Decision Date:	09/25/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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 claimant is a 60-year-old male who sustained a vocational on November 6, 2013. The medical records provided for review include the office visit dated July 7, 2014 documenting diagnoses of bicipital tenosynovitis, subacromial bursitis, glenoid labral tear, impingement, and acromioclavicular arthropathy of the left shoulder. The claimant described constant pain worse with any repetitive pushing, pulling, lifting, and overhead motions and denied any radicular complaints. Physical examination of the left shoulder revealed tenderness to palpation over the bicipital groove, diffuse tenderness over the shoulder, mildly decreased range of motion with both internal and external rotation, and slight breakaway weakness with abduction. There was a positive crank and impingement testing. The report of X-rays of the left shoulder from November 18, 2013 demonstrated mild to moderate acromioclavicular joint arthritis. The report of an MRI of the left shoulder without contrast dated February 3, 2014 showed mild supraspinatus tendinosis, no rotator cuff tear identified, but likely a superior labral tear given the presence of suspected superior paralabral cyst and increased signal within the labral substance itself. There was mild acromioclavicular joint hypertrophic change contributing to mild indentation of the underlying supraspinatus myotendinous junction. The records document that a subacromial injection failed to produce any significant meaningful improvement. The claimant has also undergone physical therapy for the left shoulder. This review is for left shoulder arthroscopy, subacromial decompression, debridement and biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) Shoulder arthroscopy, Subacromial decompression, debridement, biceps tenodesis:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery-Acromioplasty(<http://www.odg-twc.com/odgtwc/shoulder.htm#surgery>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Biceps tenodesis.

Decision rationale: Shoulder arthroscopy, Subacromial decompression, debridement, biceps tenodesis According to the ACOEM Guidelines, there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from the requested surgical procedure. In addition, there should be activity limitation documented for more than four months with failure to increase range of motion and strength of the musculature around the shoulder even after exercise program plus the existence of a surgical lesion. The Official Disability Guidelines for biceps tenodesis, state that type II and type IV lesions are recommended for surgical intervention, however, type I and type III lesions do not need any treatment or are typically debrided. In addition, history and physical examinations along with corroborating imaging studies should confirm pathology which may be amenable via surgical repair. The documentation provided for review fails to confirm that the claimant's primary pain generator is from subacromial impingement due to the fact that physical therapy and injection in the subacromial space failed to provide any significant short or long term meaningful improvement. The medical records do not identify that a glenohumeral steroid injection, which would most likely be diagnostic and therapeutic, confirmed biceps tendon origin pathology which may be amenable via biceps tenodesis. There is no documentation for review suggesting the claimant has posterior capsular dysfunction or biceps tendon dysfunction. The MRI from February 3, 2014 specifically noted that the biceps anchor and the tendon were intact. Subsequently, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for left shoulder arthroscopy with subacromial decompression, debridement, and biceps tenodesis cannot be considered medically necessary due to the fact that physical exam and objective findings, MRI findings, and a lack of a diagnostic and therapeutic intraarticular glenohumeral injection has failed to confirm biceps pathology which may be amenable to biceps tenodesis. The request is not medically necessary and appropriate.