

Case Number:	CM14-0137198		
Date Assigned:	09/05/2014	Date of Injury:	12/18/2012
Decision Date:	09/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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:

This 55-year-old male heavy equipment operator sustained an industrial injury on 12/18/12. The mechanism of injury was not documented. Past surgical history was positive for a biceps repair in 1989. The 1/27/14 left shoulder MRI findings documented severe advanced osteoarthritis for the glenohumeral joint. There was rotator cuff tendinosis without evidence of significant tear. There was a small supraspinatus interstitial tear. There was unfavorable acromial morphology. The 7/25/14 treating physician report cited bilateral shoulder pain, left worse than right, with popping and clicking. Difficulty was reported when raising arms overhead, pushing, or pulling. Right shoulder exam documented good rotator cuff muscle strength and pain at the limits of motion. Range of motion was documented as elevation 150, abduction 120, and external rotation with the arm at the side 45 degrees, with internal rotation to the sacroiliac joint. There was no crepitus with motion. Radiographs of the left shoulder showed subluxation of the humeral head with respect to the glenoid and end stage osteoarthritis with a large inferior osteophyte. The treatment plan recommended a left total shoulder arthroplasty and biceps tenodesis. The 8/8/14 utilization review approved a request for left shoulder arthroplasty but denied inclusion of biceps tenodesis as there was no biceps problem noted on imaging or any clinical findings or pain specific to the biceps tendon documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biceps Tenodesis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Biceps Tenodesis American Academy of Orthopaedic Surgeons (AAOS). American Academy of Orthopaedic Surgeons clinical practice guideline on the treatment of glenohumeral joint osteoarthritis. Rosemont (IL): American Academy of Orthopaedic Surgeons (AAOS); 2009 Dec 4. 198 p.

Decision rationale: The California MTUS does not provide recommendations for biceps tenodesis with shoulder arthroplasty. The Official Disability Guidelines support the use of biceps tenodesis as part of a larger shoulder surgery. The American Academy of Orthopaedic Surgeons indicated that biceps tenotomy or tenodesis was an option when performing shoulder arthroplasty in patients with glenohumeral joint osteoarthritis. Guideline criteria have been met. Occult biceps tears, incomplete and MRI-negative are often confirmed at the time of surgery. Therefore, the request for Biceps Tenodesis is medically necessary.