

Case Number:	CM14-0140786		
Date Assigned:	09/10/2014	Date of Injury:	11/05/2010
Decision Date:	12/12/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/30/2014

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 Surgeon and is licensed to practice in Washington, Hawaii & Maryland. 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 47-year-old male who reported an injury on 11/05/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included status post left shoulder rotator cuff repair and debridement, and labral repair with biceps tenosynovitis untreated. The previous treatment included surgery. Diagnostic testing included an MRI on 03/28/2013. Within the clinical note dated 08/08/2014 it was reported the injured worker continued to have left shoulder discomfort. He complains of pain in the anterior aspect of the shoulder. He describes the pain as burning sensation that runs down bilateral groove of the left shoulder. On the physical examination the provider noted the MRI dated 03/28/2013 showed a rotator cuff repair present and does not comment about his biceps tendon, the labral repair that was present at the time. The provider noted the injured worker's right shoulder had full range of motion without crepitus. The left shoulder had full range of motion without crepitus. He had a negative Neer's and Hawkins impingement test. There was no pain with resisted abduction. The provider noted tenderness in the bicipital groove with a positive Speed's test, and circumduction test. Provider requested a left shoulder arthroscopy with decompression and open biceps tenodesis with assistant surgeon, which will help remove the patient's pain from left shoulder, postop physical therapy, and cold therapy. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Decompression and Open Biceps Tenodesis with Assist Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Biceps tenodesis, Official Disability Guidelines (ODG) Low Back, Surgical assistant

Decision rationale: The request for left shoulder arthroscopy with decompression and open biceps tenodesis with assist surgeon is not medically necessary. The California MTUS/ACOEM Guidelines note for surgical consultation it may be indicated when the patient has red flag conditions, such as acute rotator cuff tear in a younger worker, glenohumeral joint dislocation, activity limitations for more than 4 months, failure to increase range of motion and strength exercise program, and clear clinical signs and imaging evidence of a lesion that has been shown to benefit in short and long term from surgical repair. Rotator cuff repair is indicated for significant tears that impact activity by causing weakness of arm elevation rotation, particularly acute in younger workers. Preferred procedure is usually an arthroscopic decompression which involves debridement of the inflamed tissues. In addition, the Official Disability Guidelines note for biceps tenodesis criteria includes failure of 3 months of conservative treatment, history and physical examination and imaging indicate pathology, definitive diagnosis of a SLAP lesion and diagnostic arthroscopy, and over the age of 40. In addition, the Official Disability Guidelines note a surgical assistant is recommended as an option in a more complex surgery. Assistant surgeons actively assist the physician performing a surgical procedure. The clinical documentation submitted failed to indicate the injured worker had tried and failed on conservative therapy for at least 3 to 6 months. There is lack of imaging studies corroborating the diagnosis warranting the medical necessity for the request. Therefore, the request is not medically necessary.

Post Op Physical Therapy 2x6weeks (12sessions) Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

DME Cold Therapy Unit Rental x 7 Days For Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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