

Case Number:	CM14-0154305		
Date Assigned:	09/23/2014	Date of Injury:	05/28/2004
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 57-year-old female injured in a work-related accident on 5/28/04. The medical records provided for review specific to the claimant's right shoulder documented that after a course of failed conservative care, the claimant underwent right shoulder arthroscopy, subacromial decompression, distal clavicle excision, and rotator cuff repair on 04/20/11. The medical records document that the claimant currently has continued complaints of pain and has failed to improve with conservative care. The report of an MRI of the shoulder dated 6/24/13 showed postoperative scarring of the rotator cuff with no tearing, mild tendinosis of the biceps tendon, and a tear to the anterior glenoid labrum. The follow up report dated 7/22/14 described continued complaints of pain in the right shoulder. Physical examination showed the shoulder to have atrophy of the deltoid and supraspinatus, tenderness over the biceps and bicipital groove, and weakness with abduction and flexion. The report documented that from an orthopedic standpoint the claimant had failed conservative care including recent corticosteroid injections. The recommendation was made for right shoulder arthroscopy, biceps tenodesis, subacromial decompression, and debridement of the labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy Bicep Tenodesis and Decompression Bursectomy and Debridement of Superior Labrum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.. Decision based on Non-MTUS Citation ODG) Treatment in Worker's Comp; 18th Edition, 2013 Updates; Shoulder procedure - Surgery for ruptured biceps tendon (at the shoulder)

Decision rationale: The clinical records indicate that the claimant has already undergone a biceps tenodesis and subacromial decompression procedure at prior surgeries. There is no indication for need at present for a revision decompression as this individual is not presenting with signs or symptoms on examination consistent with impingement. The relevance of further treatment for the biceps tendon would also be unclear. An MRI scan dated 6/24/13 revealed only mild tendinosis with documentation of previous bicipital process taking place at the time of the prior procedure. Given the claimant's current clinical findings with lack of documentation of impingement and history of prior surgery to the acromion and biceps tendon, the request for a second process in this individual would not be supported as medically necessary.