

Case Number:	CM14-0172442		
Date Assigned:	10/23/2014	Date of Injury:	06/12/2012
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/17/2014

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:

39 year old male injured worker has an industrial injury dated 06/12/12. Injured worker is status post a right arthroscopic rotator cuff repair. Exam note 07/31/14 states the patient returns with right shoulder pain. Conservative treatments have included physical therapy, a lidocaine injection, a cortisone injection, and medication. The lidocaine injection into the proximal biceps tendon provided the patient with 100% relief of symptoms. Upon physical exam the patient demonstrated increased pain when asked to perform a forward flexion of the shoulder with resistance. Range of motion if the right shoulder is noted as 170' forward flexion, 45' external rotation, and a 5/5 motor strength. The injured worker completed a Hawkin's test with no pain, but there was tenderness over the proximal biceps tendon. The injured worker also had increased pain when completing the Speed's maneuver. Sensation is intact in both hands, and there was no evidence of skin deformities. Treatment plan included a right shoulder arthroscopic assisted sub-pectoral biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with debridement, open biceps tenodesis: Upheld

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 Procedure Summary; Indications for Surgery, Ruptured biceps tendon surgery

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Shoulder, Tenodesis of long head of biceps.

Decision rationale: CA MTUS/ACOEM is silent on the issue of biceps tenodesis. According to the Official Disability Guidelines, criteria for tenodesis of long head of biceps include subjective clinical findings with objective clinical findings. In addition, there should be imaging findings. Criteria for tenodesis of long head of biceps include a diagnosis of complete tear of the proximal biceps tendon. In this case, the exam notes from 7/31/14 do not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore, the determination is for not medically necessary.

Sling: Upheld

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

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.

Cold Therapy times 7 days: Upheld

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

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.

Post-operative physical therapy, quantity: 12: Upheld

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

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.