

Case Number:	CM14-0176268		
Date Assigned:	10/29/2014	Date of Injury:	09/12/2007
Decision Date:	12/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 is a 64 year old male with a 9/12/07 injury date. In an 8/27/14 follow-up, the patient's primary complaint at this point is persistent anterior shoulder pain. He has not had any recent shoulder injections. He has difficulty with activities of daily living and his shoulders keep him awake at night. Objective findings include right shoulder abduction to 170 degrees, flexion to 150 degrees, external rotation to 50 degrees, and internal rotation to L2. There is tenderness over the biceps more so than the anterior aspect of the acromion, and the acromioclavicular joint is non-tender. There is a positive Speed's test, positive impingement signs, negative key test, and negative rent test. X-rays were described as showing a mild type 2 acromion. The provider recommended doing a right shoulder arthroscopic biceps tendon release and possible acromioplasty. Diagnostic impression: right shoulder impingement, biceps tendonitis. Treatment to date: medications, physical therapy, right shoulder subacromial decompression (6/4/12), prior right shoulder rotator cuff repair (2010), injections. A UR decision on 9/25/14 denied the request for right shoulder arthroscopy, biceps tendon release, and possible acromioplasty on the basis that there are no objective imaging or exam findings that are consistent with a biceps tendon injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, Biceps tendon release, possible acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter--Biceps tendon repair

Decision rationale: CA MTUS states that ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. Isolated biceps tenotomy or tenodesis is usually not indicated unless a shoulder reconstructive surgery is being performed for other reasons. However, at this time there is insufficient documentation to support the request. There are no recent MRI studies or reports available that would help to clarify the current status of shoulder pathology in this patient with a complex shoulder history. There is no indication of recent attempts at a cortisone injection either in the joint space or the biceps groove or tendon sheath that would help relieve the current symptoms. In addition, biceps tendon pathology usually does not occur in isolation, and is often associated with rotator cuff pathology or osteoarthritis. A recent x-ray and MRI with official report would help clarify this, but is not available. It is also unclear why this patient, who has had at least 2 prior acromial procedures, is in need of yet another one. At this time, the medical necessity of the request is not established. Therefore, the request for right shoulder arthroscopy, biceps tendon release, and possible acromioplasty is not medically necessary.