

Case Number:	CM14-0026845		
Date Assigned:	06/13/2014	Date of Injury:	01/10/2011
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 59-year-old gentleman who injured the left shoulder in a work related accident on January 10, 2011. The medical records provided for review include the clinical report of January 31, 2014 noting a chief complaint of left shoulder pain particularly over the biceps tendon. The shoulder was noted to have arthroscopic portal sites from previous surgery. Physical examination was documented to show restricted range of motion at end points, positive Speed's and O'Brien's maneuver, and strength of the rotator cuff musculature at 5-/5. The report of an MRI dated August 2, 2013 showed full thickness retearing of the supraspinatus tendon, long head of the biceps tendinosis and fraying, evidence of a prior subacromial decompression and no labral pathology. The claimant was diagnosed with degenerative SLAP lesion, long head of the biceps tendinosis and partial thickness rotator cuff tear. The recommendation was made for shoulder arthroscopy, decompression, rotator cuff repair with bicipital tenotomy and preoperative testing including laboratory work.

IMR ISSUES, DECISIONS AND RATIONALES

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

BICEPS TENOTOMY, SUBPECTORAL BICEPS TENODESIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure.

Decision rationale: Based on the California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for biceps tenotomy would be supported. The claimant is to undergo revision surgery for the shoulder for recurrent rotator cuff pathology, and the documentation indicates that he continues to be symptomatic over the biceps tendon and has positive inflammatory findings on imaging. Therefore, the proposed biceps tenotomy in relation to the claimant's recommended surgery would be indicated.

PRE-OP LAB WORK: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 and Page 503.

Decision rationale: Based upon the California MTUS ACOEM Guidelines, the request for preoperative laboratory testing is recommended. Since the proposed surgery will be performed under anesthesia, the request for preoperative laboratory assessment would be warranted for the upcoming surgical process.

LEFT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION, ROTATOR CUFF REPAIR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The California ACOEM Guidelines recommend the request for rotator cuff repair and decompression. The medical records document that the claimant has recurrent rotator cuff pathology on recent imaging and continues to be symptomatic on examination. Therefore, based on the claimant's clinical imaging report and clinical findings the proposed surgery would be warranted at this point in his care.