

Case Number:	CM14-0037733		
Date Assigned:	06/25/2014	Date of Injury:	09/20/2013
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family Medicine 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 patient is a 44 year old male with a date of injury 9/20/2013, eleven (11) months ago, attributed to the performance of his customary job tasks. He has a history of shoulder pain and diffuse numbness and tingling down his arm. He treated with occupational therapy with improvements per report, but continued to have pain on flexion of his elbow. He also is documented as having generalized pain in his shoulder and wrist and decreased grip strength. He is noted to have radiocarpal arthritis from an unrelated prior injury. Diagnosis listed as right shoulder long head of the biceps tendon rupture. Records do note he has a Popeye deformity of the arm. Consent was obtained for surgery in the form of a right shoulder diagnostic scope with labral debridement and biceps tendon debridement at the shoulder level and subpec biceps tenodesis of the long head of the biceps. Formal request was then made for right shoulder arthroscopy (R. Shoulder scope with labral debridement/ bicep tendon debridement).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy (Right shoulder diagnostic scope with labral debriment/biceps tendon debridement at shoulder level and subpec biceps tenodesis of the long head of the biceps: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Shoulder, Surgery, Diagnostic arthroscopy, Surgery--Ruptured long head of the biceps tendon.

Decision rationale: There is no demonstrated medical necessity for the requested arthroscopy of the right shoulder for diagnostic purposes or for labrum debridement or tenodesis of the long head of the biceps. Nonsurgical treatment is usually all that is needed for tears in the proximal biceps tendons (biceps tendon tear at the shoulder). Surgery may be an appropriate treatment option for tears in the distal biceps tendons (biceps tendon tear at the elbow) for patients who need normal arm strength. 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, since there is no accompanying functional disability. There are no objective findings of any labral abnormalities requiring debridement. Remaining indication for surgery is not recommended as an isolated procedure. The patient has not completed an attempt at conservative treatment. The request is not medically supported or indicated at this time. There is no demonstrated failure of conservative care with continued pain and weakness. The ODG requires that the patient have demonstrated a complete long head of the biceps rupture, weakness, pain, and classic muscle deformity that failed conservative treatment prior to performing tenodesis of the long head of the biceps. Therefore, this request is not medically necessary.