

Case Number:	CM14-0047603		
Date Assigned:	06/25/2014	Date of Injury:	07/22/2012
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/31/2014

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 Orthopaedic 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:

This 41-year-old female sustained an industrial injury on 7/12/12. Injury occurred when she lifted a large bag of linen. The patient underwent right shoulder rotator cuff repair and subacromial decompression on 10/26/12. There was no improvement following surgery. The 4/11/13 right shoulder magnetic resonance imaging (MRI) impression documented evidence of rotator cuff repair that appeared irregular and heterogeneous with multiple zones of intravasation contrast material, with extension of contrast into the subacromial/subdeltoid bursa. The radiologist stated this did not necessarily imply loss of integrity of the rotator cuff repair; overall appearance was improved compared to prior exam. The 8/2/13 electrodiagnostic study was normal. The 3/5/14 neurology report cited constant severe right shoulder pain spreading to the pectoralis and under the armpit. Pain radiated down to the right wrist, thumb, and thenar eminence, associated with activity. Constant tingling was reported in the shoulder blade area, anterior chest, and entire right arm down to the hand and fingers. The right arm felt cold and grip weakness was reported. Constant right sided neck pain and spasms spread to the occipital region and down to the right shoulder areas. There was pain and limited function noted in the left shoulder. Ringing of the ears was reported. Right shoulder range of motion documented flexion 156, abduction 122, extension 20, adduction 15, internal rotation 32, and external rotation 42. There was pain with motion. Spasms were noted in the right supraspinatus, infraspinatus, serratus anterior and pectoralis. Motor testing was associated with severe pain. Right deltoid, biceps and brachioradialis strength was 4/5. There was dysesthesia and decreased temperature sensation in the right C4-6 distribution. The patient was diagnosed with re-tearing of the right rotator cuff with longhead biceps, status post incomplete repair. Right shoulder arthroscopy, revision rotator cuff repair, and biceps tenotomy versus tenodesis was recommended. The 3/13/14 utilization review denied the request for right shoulder surgery as the patient had diffuse

complaints related to the neck, both shoulders and upper extremities. There was no current report from the orthopedic surgeon or reported second opinion. There were no well-defined right shoulder focal physical or imaging findings of sufficient magnitude to warrant the requested surgical procedure. No additional reports were included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biceps Tenotomy versus 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 (updated 01/20/14), Surgery for ruptured Biceps Tendon (at the shoulder), Indications for Surgery - Ruptured Biceps Tendon Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Ruptured Biceps Tendon (At The Shoulder).

Decision rationale: Under consideration is a request for biceps tenotomy versus tenodesis. The California MTUS guidelines do not address biceps tenotomy or tenodesis for chronic injuries. The Official Disability Guidelines (ODG) for biceps tenodesis or tenotomy state that nonsurgical treatment is usually all that is needed for tears in the proximal biceps tendon. Imaging evidence of a rotator cuff deficit is required. The Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There are no current exam findings suggestive of focal biceps involvement. Subjective complaints are diffuse across the neck, both shoulders, and upper extremities. There are no current orthopedic surgeons or second surgical opinion reports available for review to support the medical necessity of this request. Imaging findings do not clearly evidence a deficiency in the rotator cuff. Therefore, this request for biceps tenotomy versus tenodesis is not medically necessary.

Right Shoulder Arthroscopy, Revision Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2304055>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for Ruptured Biceps Tendon (At The Shoulder).

Decision rationale: Under consideration is a request for right shoulder arthroscopy, revision rotator cuff repair. The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines for rotator cuff repair of partial thickness tears require 3 to 6 months of conservative treatment plus weak or absent abduction and positive

impingement sign with a positive diagnostic injection test. The Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no documentation of a positive impingement sign with a positive diagnostic injection test. There is no clear evidence of loss of integrity of the prior rotator cuff repair. Subjective complaints are diffuse across the neck, both shoulders, and upper extremities. There are no current orthopedic surgeons or second surgical opinion reports available for review to support the medical necessity of this request. Therefore, this request for right shoulder arthroscopy, revision rotator cuff repair is not medically necessary.