

Case Number:	CM14-0054811		
Date Assigned:	04/24/2014	Date of Injury:	03/31/2014
Decision Date:	05/01/2014	UR Denial Date:	04/12/2014
Priority:	Expedited	Application Received:	04/24/2014

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 Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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 39-year-old male with date of injury March 31, 2014. The patient is being treated for symptoms and signs associated with right proximal biceps rupture. The patient has significant pain in the bilateral shoulders. Physical examination shows 90° of right shoulder abduction, 100° of shoulder flexion, and no decreased strength due to pain. There is a positive impingement sign. There is also a positive speed's test. An MRI of the shoulder from April 2014 shows a SLAP lesion of the bicipital anchor. At issue is whether biceps tendon repair surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DEBRIDEMENT OF THE RIGHT SHOULDER AND BICEP 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 (OGD), Shoulder (Acute & Chronic).

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

Decision rationale: This patient does not meet established criteria for biceps tendon repair surgery. The medical records do not document the patient has had an adequate trial of failure of conservative measures for the treatment of shoulder pain. The medical records document impingement syndrome, but do not document findings consistent with complete tear the biceps tendon. In addition, adequate conservative measures of the NSAID medication have not been tried and failed. A trial of physical therapy is warranted. Significant loss of range of motion and function should be present. In addition, the patient should fail an adequate trial of conservative measures. Therefore, the requested debridement of the right shoulder and bicep tenodesis is not medically necessary and appropriate.