MAXIMUS Federal Services

Case Number:	CM14-0061846		
Date Assigned:	07/09/2014	Date of Injury:	06/06/2010
Decision Date:	08/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/02/2014

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 25-year-old female clerk sustained an industrial injury on 6/6/10, due to lifting products. She underwent left shoulder arthroscopy with subacromial decompression and rotator cuff debridement on 11/13/12. The 2/12/14 treating physician report indicated the patient was only mildly better than pre-operatively. She was able to work full duty but was sore at the end of the day. Left shoulder exam documented 180 degrees forward flexion and abduction, external rotation 50 degrees, and internal rotation to T11. There was tenderness over the anterior aspect of the acromion and biceps tendon. Speed and impingement tests were positive. A steroid injection was provided with 60-70% temporary relief of symptoms. The 4/23/14 treating physician note indicated pain had recurred following a positive steroid injection. The treatment plan requested left shoulder arthroscopy subacromial decompression and biceps tendon release. The 4/30/14 utilization review denied the request for left shoulder surgery as there is no current MRI and conservative treatment has not been exhausted. The 5/12/14 treating physician note indicated the patient had full range of motion and did not require physical therapy. The 7/10/14 left shoulder MRI impression documented stable moderate supraspinatus tendinosis with mild bursal surface fraying. There was no discrete partial tear and there was no subacromial/subdeltoid bursal effusion. Anterolateral acromion downsloping was an anatomic risk factor for impingement, there was mild acromioclavicular joint degenerative disease. The study was negative for biceps and labral pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic subacromial decompression x1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Shoulder, Indications for Surgery- Acromioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have been met. This patient presents with residual pain over the anterior acromion and biceps tendon, following prior impingement surgery. There are positive impingement findings on MRI, consistent with positive impingement sign on clinical exam and diagnostic injection test. Reasonble conservative treatment has been tried and failed. Therefore, this request for left shoulder arthroscopic subacromial decompression is medically necessary.

Biceps tendon release x1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub MedMusculoskelet Surg. 2012 May;96 Suppl 1:S47-52. Epub 2012 Apr 18.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for ruptured biceps tendon.

Decision rationale: The California MTUS guidelines do not address biceps tendon release. The Official Disability Guidelines recommend biceps tenodesis or tenotomy when the patient is a young adult and there is evidence of an incomplete tear. Guideline criteria have been met. The patient presents with tenderness over the bicpes tendon and positive Speed test. Although, imaging evidence failed to confirm biceps pathology, it is quite plausible that there will be an impinged biceps tendon and/or incomplete tear. Therefore, this request for biceps tendon release is medically necessary.