

Case Number:	CM14-0062910		
Date Assigned:	07/11/2014	Date of Injury:	03/27/2012
Decision Date:	09/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 27-year-old male with a 3/27/12 date of injury. He injured his right shoulder while loading cuts of meat into a large bin. A progress note dated 3/25/14 was reviewed. It was noted that the patient was last seen on 10/10/13. The patient never scheduled a follow-up and has continued to work full-duty without restrictions despite ongoing pain. The patient states the pain is getting worse. On physical exam, his ROM is ""fairly well-preserved" with elevation to 180, external rotation to 90 and 50 with arm adducted. Rotator cuff strength throughout is 5/5 with resisted testing. He has pain with O'Brien's, and a positive apprehension and Speed's test. He has pain with direct palpation over the biceps tendon. On 5/6/14, an appeal note indicated that the patient has been working full-duty but has had ongoing pain. EMG/NCS of the right upper extremity on 4/10/13 was normal. MRI of the right shoulder on 11/26/12 shows mild tendinopathy of the supraspinatus and infraspinatus tendons. No tear. Normal labrum. Diagnostic Impression: Right shoulder type I superior labral tear, biceps tendon subluxation. Treatment to date: physical therapy, chiropractic care, TENS unit, medication management. A UR decision dated 4/1/14 denied the request for the surgery based on the fact that the most recent report on file was dated 10/23/12. The most recent right shoulder MRI is dated 11/25/12. A current medical narrative report documenting up to date subjective and objective findings was absent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Shoulder Arthroscopy with Debridement with possible Biceps Tenotomy and Biceps 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter: Arthroscopy; Biceps Tenodesis \Wheeless' Textbook of Orthopaedics states on Biceps Tendonitis - Tendonopathy.

Decision rationale: ODG recommends diagnostic shoulder arthroscopies with inconclusive imaging and continued pain or functional limitation despite conservative care. Surgical intervention is recommended for patients who have red flag conditions such as activity limitation for more than four months, failure to increase range of motion and strength of the musculature, plus existence of a surgical lesion. CA MTUS states that 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 because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. However, there is no clear evidence of a surgical lesion in this patient. The most recent MRI, dated 11/26/12, documents no tears and a normal labrum. There is mild tendinopathy of the supraspinatus and infraspinatus. There is no clear documentation of any recent conservative management, and in fact, prior to the patient's visit in March of 2014, he has not been evaluated in since October of 2013. He is noted to be working full-duty without restrictions. On physical exam, is range-of-motion is noted to be "fairly well-preserved" even with restricted motion, and he has normal muscle strength. There is no clear description of any significant functional deficits or activity limitations. In addition, the provider documents that the patient has a superior labral tear has a diagnosis, but the MRI report provided for review shows a normal labrum. Therefore, the request for Outpatient Right Shoulder Arthroscopy with Debridement with possible Biceps Tenotomy and Biceps Tenodesis was not medically necessary.

Post Operative Physical Therapy for twelve (12) sessions for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines support up to 24 sessions of physical therapy over 14 weeks over a treatment period of 6 months for post-operative treatment of rotator cuff syndrome/impingement syndrome. However, since this initial operative request was not found to be medically necessary, the associated operative request cannot be substantiated. Therefore, the request for post-operative physical Therapy for twelve (12) sessions for the right shoulder was not medically necessary.

