

Case Number:	CM14-0064012		
Date Assigned:	07/11/2014	Date of Injury:	06/18/2012
Decision Date:	08/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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 30-year-old male pharmacy associate sustained an industrial injury on 6/18/12. Injury occurred when he lifted an unexpectedly full tote from the ground with onset of left shoulder pain. He underwent left shoulder arthroscopic synovectomy, repair of superior labrum, and subacromial bursa resection on 12/28/12. The 12/6/13 left shoulder MR arthrogram findings revealed no evidence of a rotator cuff or labral tear. The 3/11/14 PQME report cited constant left shoulder pain increased with activities of daily living and decreased by rest. A left shoulder injection 2 to 3 weeks prior provided 100% relief of his symptoms for a couple of days. Left shoulder range of motion testing was abduction 130, flexion 140, internal/external rotation 90, extension 50, and adduction 60 degrees. Mid-biceps circumference was right 30.0/left 29.0 cm. All movements of the left shoulder, including impingement testing, caused pain. There was diffuse left shoulder tenderness, and no bulging of the biceps. Left shoulder muscle testing was 4-5/5. There was post-operative left shoulder MR arthrogram evidence of an on-going SLAP tear. The PQME reported persistent subjective complaints and objective findings with a positive MR arthrogram. He opined the patient was a candidate for additional surgical intervention. The 4/7/14 treating physician report cited a corticosteroid injection into the left shoulder proximal biceps sheath provided 25% pain relief for 5 days. The pain had returned with greater intensity. The patient exhausted conservative treatment including physical therapy, home exercise program, medication, and a cortisone injection. Physical exam documented left shoulder tenderness over the proximal biceps sheath, and negative Hawkin's and Neer's tests. Supraspinatus strength was 5/5. There was negative cross body adduction pain. The treatment plan recommended left shoulder arthroscopic examination with probable biceps tenodesis (open subpectoralis). The 4/15/14 utilization review denied the request for left shoulder surgery based

on an absence of quantified pain assessment, and lacking MRI evidence of a deficit in the rotator cuff or biceps tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Preoperative Testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. There is no clear past medical history documented. Given the risks of general anesthesia, this request for pre-operative medical clearance is medically necessary.

Left Shoulder Arthroscopic with probable biceps tenodesis open subpectoralis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery - Ruptured biceps tendon surgery.

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 stated that ruptures of the biceps tendon are usually due to degenerative changes in the tendon. This can almost always be managed conservatively as there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. The Official Disability Guidelines state that consideration of biceps tenodesis should include evidence of an incomplete tear with associated subjective/objective clinical findings. This procedure is recommended for young adult patients, but not as an independent standalone procedure. Guideline criteria have been met. This patient has persistent post-operative left shoulder pain with plausible clinical evidence of a SLAP tear which is often associated with an occult proximal biceps lesion. Reasonable non operative treatment appears to have been tried and failed. Therefore the request for left shoulder arthroscopic examination with probable biceps tenodesis (open sub-pectoralis) is medically necessary.

