

Case Number:	CM14-0083949		
Date Assigned:	08/01/2014	Date of Injury:	06/20/2012
Decision Date:	08/29/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/05/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 37-year-old gentleman who injured his left shoulder in a work related accident on 06/20/12. The records provided for review document a surgical history of left shoulder arthroscopy, rotator cuff debridement, subacromial decompression, Mumford procedure and lysis of adhesions on 04/17/13. The records do not contain any postoperative imaging reports for review but note continued complaints of pain. The report of a follow up visit on March 4, 2014 describes continued complaints of pain in the shoulder, worse with overhead activity despite postoperative conservative care. Left shoulder examination showed bicipital groove tenderness with positive Speed's, O'Brien's and Hawkin's testing. Based on failed postoperative conservative care, the recommendation was made for left shoulder revision arthroscopy and biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Biceps Tenodesis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine Practice Guidelines (ACOEM) Guidelines do not address this request. The Official Disability Guidelines do not support the request for bicipital tenodesis as a stand-alone procedure. The medical records do not contain postoperative imaging for review to identify pathology that would necessitate the need for the surgical process in question. Without documentation of postoperative imaging, the need for operative intervention to include an isolated biceps tenodesis would not be supported in this individual.

Post-Op Physical Therapy 3 times a week for 4 weeks: 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: The Official Disability Guidelines do not support the request for bicipital tenodesis as a stand-alone procedure. Therefore, the request for postoperative physical therapy is also not medically necessary.

Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205,555-556.

Decision rationale: The Official Disability Guidelines do not support the request for bicipital tenodesis as a stand-alone procedure. Therefore, the request for a cryotherapy device is also not medically necessary.

Immobilizer: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Postoperative abduction pillow sling Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008).

Decision rationale: The Official Disability Guidelines do not support the request for bicipital tenodesis as a stand-alone procedure. Therefore, the request for a shoulder immobilizer is also not medically necessary.