

<b>Case Number:</b>	CM14-0139403		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Neurological Surgery

### 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 injured worker is a 54 year old male, who sustained an industrial injury on 09/02/2003 that resulted in injury to the shoulders. Treatment to date has included imaging, surgery, physical therapy and medications. Diagnoses included right shoulder traumatic arthritis, status post left shoulder arthroscopic revision, acromioplasty, status post left shoulder revision arthroscopic rotator cuff repair, left shoulder recurrent supraspinatus tendon tearing. According to a progress report dated 06/02/2014, the injured worker was seen for evaluation of his right and left shoulder. He was experiencing increased pain in the right shoulder for 3 to 4 weeks and continued to have grinding and popping in his right shoulder. According to the provider, the injured worker's main complaints centered on his continued left long-head-of-the-biceps deformity and the crampiness that he had on a daily basis. The injured worker was temporarily totally disabled. An MRI of the left shoulder was performed on 06/16/2014 that showed significant degenerative changes of the shoulder with bony spurring on the humeral head and thinning of the articular cartilage of both sides of the joint space, high-riding position of the humeral head articulating with the acromion, full-thickness tear in the supraspinatus portion of the rotator cuff with no retraction, degenerative changes of the acromioclavicular joint minimally impinging on the rotator cuff, markedly thickened bicipital tendon which appeared to be at the bicipital groove but probably related to prior surgery causing the altered configuration, anchors into the humeral head and degenerative change and probable tear at the anterosuperior labra of the glenoid. Currently under review is the is the request for left shoulder open long-head of the

biceps tenodesis, pre-operative labs and EKG, pre-operative medical clearance, 12 post-operative physical therapy sessions, Percocet, Norco and Vascutherm Rental.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Shoulder Open Long-Head of the 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 (ODG), Shoulder (Acute and Chronic), Surgery for ruptured biceps tendon (at the shoulder).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter-Biceps tenodesis.

**Decision rationale:** The ODG guidelines provide criteria for biceps tenodesis which include three months of conservative treatment. They also recommend tenodesis for Type II and IV lesions and for those patients with a definitive diagnosis of a SLAP lesion on diagnostic arthroscopy. Documentation states there is already evidence of biceps tenodesis. The requested treatment: Left Shoulder Open Long-Head of the Biceps Tenodesis is not medically necessary and appropriate.

#### **Pre-Operative Labs: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **Pre-Operative Medical Clearance: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **Twelve (12) Post-Operative Physical Therapy Sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Percocet 10/325mg #80:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Norco 10/325mg #80:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Vascutherm Rental for 14 Days:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Operative EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.