

Case Number:	CM14-0190092		
Date Assigned:	11/21/2014	Date of Injury:	01/14/2004
Decision Date:	01/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/14/2014

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 Minnesota. 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 injured worker is a 60-year-old male with a history of left shoulder injury on 1/14/2004. There is a history of prior arthroscopy on 6/21/11 at which time he also underwent subacromial decompression. It was noticed that the biceps tendon was not present in the glenohumeral joint. On 5/5/14 he was complaining of left shoulder pain and biceps pain. There was tenderness about the biceps. There was a positive Neer, Hawkins, Speed's, and Yergason testing. A request for biceps tenodesis was noncertified on 6/9/2014. The documentation indicates that the biceps tendon had been ruptured for 3 years and it was likely it had retracted and atrophied. On September 11, 2014 patient had burning pain associated with muscle spasms. He was not improved. Examination revealed tenderness at the biceps muscle. Speed and Yergason signs were positive. Neer and Hawkins impingement testing was also positive. Forward flexion was 110 and abduction was 110. Authorization was requested for a left shoulder MRI. On October 10, 2014 the provider noted that he had not reviewed the MRI study and planned to do so. A request for left shoulder arthroscopy with biceps tenodesis was again denied by utilization review on 10/27/2014 as there was no indication that the injured worker had 3-6 months of continuous conservative treatment for the shoulder. No MRI imaging of the shoulder was recorded and the provider's review of the MRI was not documented per his October 10, 2014 report. According to the progress notes dated 10/10/2014 the MRI was completed but it did not mention the biceps. The provider indicated that the results of the MRI would influence the recommended surgery. However, there is no documentation of the results of the MRI scan pertaining to the biceps. The response to PT and corticosteroid injection was also not documented.

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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, and 213.

Decision rationale: The request as stated pertains to arthroscopy of the left shoulder with biceps tenodesis. However, the findings of the MRI scan pertaining to the biceps are not documented. The previous noncertification was on the basis of the arthroscopy finding in the past indicating that the biceps tendon may have been ruptured for 3 years and atrophied. Surgical considerations may be indicated for patients who have failure to increase range of motion and strength of the musculature around the shoulder with exercise programs plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term from surgical repair. Documentation indicating this has not been provided. 3-6 months of conservative care including cortisone injections and a continuous therapy program has not been documented. The guideline criteria have not been met. In light of the above the request for arthroscopy with biceps tenodesis is not supported and as such the medical necessity is not substantiated.

Associated surgical service: Assistant surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for an assistant surgeon is not applicable.

Associated surgical service: Shoulder brace with abduction pillow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, and 213.

Decision rationale: The requested surgery is not medically necessary. Therefore the shoulder brace with abduction pillow is also not necessary.

Associated surgical service: Cold therapy unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, and 213.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for ancillary services is also not medically necessary.

Associated surgical service: Post-op physical therapy 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, and 213.

Decision rationale: This surgery is not medically necessary. Therefore the requested ancillary services are also not medically necessary.