

Case Number:	CM14-0192880		
Date Assigned:	11/26/2014	Date of Injury:	06/24/2013
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 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:

According to the records made available for review, this is a 36-year-old female with a 6/24/13 date of injury. At the time (10/29/14) of request for authorization for right shoulder arthroscopy, extensive debridement, subacromial decompression, biceps sheath release & tenodesis, there is documentation of subjective (pain rated 5/5, dull and occurs with extremes of motion) and objective (tenderness over the right shoulder and over the biceps tendon, positive cross arm testing, positive impingement testing, abduction 110 degrees, positive Yergason and Speed tests) findings, imaging findings (right shoulder MRI (2/14/14) report revealed low grade acromioclavicular joint hypertrophy, degeneration with a laterally down sloping type II acromion abutting the cuff, adjacent subacromial-subdeltoid bursitis; associated supraspinatus tendinosis with fraying of bursal fibers along the critical zone; biceps long head tendon is preserved, visualized labrum is likewise intact), current diagnoses (right shoulder impingement syndrome, right shoulder biceps tenosynovitis), and treatment to date (physical therapy, right shoulder steroid injection, medications, activity modification, and chiropractic treatment). There is no documentation of imaging that indicates biceps pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, extensive debridement, subacromial decompression, biceps sheath release & tenodesis: Upheld

Claims Administrator 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 Chapter, Surgery for Impingement Syndrome.

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 Chapter, Subacromial Decompression, Biceps tenodesis

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional X-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. In addition, ODG identifies documentation of 3 months of conservative treatment (NSAIDs and physical therapy); type II lesions (fraying and degeneration of the superior labrum, normal biceps, no detachment); type IV lesions (more than 50% of the tendon is involved, vertical tear, bucket-handle tear of the superior labrum, which extends into biceps, intrasubstance tear); patients undergoing concomitant rotator cuff repair; history and physical examinations and imaging indicate pathology; and age over 40, as criteria necessary to support the medical necessity of biceps tenodesis. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome and right shoulder biceps tenosynovitis. In addition, there is documentation of conservative care for 3 to 6 months; subjective clinical findings: pain with active arc motion; objective clinical findings: weak abduction; tenderness over rotator cuff or anterior acromial area; positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); physical examinations findings of biceps tendon pathology; and imaging clinical findings: MRI showing positive evidence of deficit in rotator cuff. However, given MRI findings consistent with biceps long head tendon is preserved and visualized labrum is likewise intact, there is no documentation of imaging that indicates biceps pathology. Therefore, based on guidelines and a review of the evidence, the request for right shoulder arthroscopy, extensive debridement, subacromial decompression, biceps sheath release & tenodesis is not medically necessary.