

Case Number:	CM14-0193101		
Date Assigned:	11/26/2014	Date of Injury:	02/03/2014
Decision Date:	01/22/2015	UR Denial Date:	10/27/2014
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:

The claimant is a 47 year old female with an industrial injury dated 02/03/14. MRI of the right shoulder dated 07/23/14 demonstrates some tendinosis and bursitis along with mild AC joint arthropathy. Exam note dated 10/08/14 states the patient returns with bicep pain. The patient also complains of neck and shoulder pain. The patient is status post a corticosteroid injection resulting in little pain relief. Upon physical exam there was evidence of tenderness over the biceps tendon on the right. The patient appears to be temporarily stable. It is noted that the physical therapy sessions are in fact not helping the patient. Treatment includes arthroscopic bicep tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Biceps Tenodesis and Debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure, Criteria for Surgery for Biceps tenodesis; Indications for Surgery -- Ruptured biceps tendon surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Tenodesis long head of biceps

Decision rationale: The California MTUS/ACOEM is silent on the issue of biceps tenodesis. According to the Official Disability Guidelines, criteria for tenodesis of long head of biceps include subjective clinical findings including objective clinical findings. In addition there should be imaging findings. Criteria for tenodesis of long head of biceps include a diagnosis of complete tear of the proximal biceps tendon. In this case, the MRI from 7/23/14 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore, this request is not medically necessary.

Associated surgical service: Post-operative Physical Therapy twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Associated surgical service: Pre-Operative medical clearance: Labs EKG H & P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary, pre-operative testing

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.

Associated surgical service: Ossur Smart Sling with abduction pillow (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary, postoperative abduction pillow sling

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.

Associated surgical service: V-Pulse cold therapy unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary, continuous-flow cryotherapy, cold compression therapy

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.