

Case Number:	CM14-0196756		
Date Assigned:	12/04/2014	Date of Injury:	03/28/2014
Decision Date:	01/27/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/24/2014

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:

31 year old male claimant with an industrial injury dated 03/26/14. Current medications include Norco for pain relief. MRI of the right shoulder dated 09/25/14 reveals tendinosis of the rotator cuff with fluid in the subdeltoid and subacromial busas suggesting evidence of bursitis. It is also noted to be evidence of moderate biceps tendinosis near the superior margin of the bicipital groove, and a small longitudinal split within the proximal biceps tendon. Exam note 10/02/14 states the patient returns with shoulder pain. Upon physical exam there was pain with the range of motion test. The patient had a clear distal migration of the long head of the biceps tendon consistent with a Popeye deformity. The patient demonstrated some pain with resisted abduction and external rotation. Treatment includes a right shoulder biceps tendon rupture repair, a possible labral repair, and acromioplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder biceps tendon rupture repair, possible labral repair and acromioplasty:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Labral tear surgery

Decision rationale: CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions and for Type IV lesions if more than 50% of the tendon is involved. See SLAP (Superior Labrum Anterior Posterior) lesion diagnosis. In this case there is insufficient evidence from the exam note of 10/2/14 to warrant labral repair secondary to lack of physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear. Therefore the request is not medically necessary.