

Case Number:	CM14-0204213		
Date Assigned:	12/16/2014	Date of Injury:	01/09/2012
Decision Date:	02/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/05/2014

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:

This is a 34 year old male with a 1/9/12 injury date. In a 2/11/14 note, the patient gradually developed a right shoulder dull, aching pain after undergoing right shoulder arthroscopy in 2013. In a 10/24/14 note, the patient complained of right shoulder pain and weakness. Objective findings included right shoulder forward flexion to 175 degrees, external rotation to 40 degrees, internal rotation to T12, and tenderness over the biceps. The provider recommended right shoulder arthroscopy with biceps tenodesis versus tenotomy. A 10/16/14 QME report recommended the injured worker to be a candidate for repeat arthroscopic right shoulder surgery under anesthesia with manipulation, Mumford procedure, decompression, and the anterior and posterior lesion to be explored with possible repair. A 1/31/14 right shoulder MR-arthrogram revealed a large superior labrum anterior and posterior lesion in the superior and anterior labrum and mild acromioclavicular joint degenerative changes with subacromial osteophytosis which was noted as an increasing risk for impingement. Diagnostic impression: superior labrum anterior posterior (SLAP) tear and acromioclavicular (AC) joint arthritis, right shoulder. Treatment to date: physical therapy, right shoulder injections, right shoulder arthroscopy, and medications. A UR decision on 12/1/14 denied the request for right shoulder arthroscopy with biceps tenodesis versus tenotomy because there was a lack of documentation of an adequate physical exam and the requested surgery was not consistent with the surgery suggested in a recent QME.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Shoulder Arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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--Biceps tendon repair, SLAP repair.

Decision rationale: CA MTUS states that ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. ODG states that surgery for SLAP lesions is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved, in addition to a history and physical findings consistent with a SLAP lesion; recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. In this case, the patient is a 36 year old male with a SLAP tear that has not responded to a significant amount of appropriate conservative treatment. A recent QME did recommend a surgical procedure for the right shoulder, specifically a SLAP repair. The treating provider recommended managing the SLAP tear with a biceps tenodesis versus tenotomy, which is actually a more appropriate procedure than a SLAP repair in this patient's age group and worker's comp status. Therefore, the request for right shoulder arthroscopy is medically necessary.

Biceps Tenodesis Versus Tenotomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, online edition

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--Biceps tendon repair, SLAP repair.

Decision rationale: CA MTUS states that ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. ODG states that surgery for SLAP lesions is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved, in addition to a history and physical findings consistent with a SLAP lesion; recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. In this case, the patient is a 36 year old male with a SLAP tear that has not responded to a significant amount of appropriate conservative treatment. A recent QME did recommend a surgical procedure for the right shoulder, specifically a SLAP repair. The treating provider recommended managing the SLAP tear with a biceps tenodesis versus tenotomy, which is actually a more appropriate procedure than a SLAP repair in this patient's age group and worker's comp status. Therefore, the request for biceps tenodesis versus tenotomy is medically necessary.

