

<b>Case Number:</b>	CM14-0205529		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 46 year old female with a 9/4/12 injury date. In an 11/11/14 note, the patient complained of right shoulder pain. Objective findings included right shoulder tenderness in the biceps groove, positive impingement signs, and weakness with Speed's test. A 6/34/14 right shoulder MRI revealed mild degenerative arthritis of the joint, moderate degenerative arthritis of the acromioclavicular (AC) joint, and severe rotator cuff tendinosis. The provider recommended performing a right shoulder arthroscopy with biceps tenodesis. Diagnostic impression: right shoulder impingement syndrome and mild arthritis. Treatment to date: right shoulder arthroscopy with subacromial decompression and debridement (1/9/14), medication, activity modification. A UR decision on 11/21/14 denied the request for right shoulder arthroscopy because there was no documented comprehensive non-operative treatment rendered. The requests for assistant surgeon, post-op physical therapy, and cold therapy unit were denied because the associated surgical procedure was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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--Diagnostic shoulder arthroscopy, Ruptured biceps tendon surgery.

**Decision rationale:** CA MTUS does not address the issue of diagnostic shoulder arthroscopy. ODG recommends diagnostic shoulder arthroscopies with inconclusive imaging and continued pain or functional limitation despite conservative care. 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. However, the surgeon has requested a right shoulder arthroscopy with biceps tenodesis, but there was no evidence of biceps tenosynovitis on the MRI report. In addition, the patient had an extensive right shoulder surgery only one year ago, and there is no discussion or explanation as to why this surgery did not help the patient and why an additional surgery is necessary so soon. Since the subacromial decompression with debridement did not help the patient's symptoms, one must wonder whether a biceps tenodesis within a year is the next most logical step. With proximal biceps tendon issues, a prolonged period of conservative treatment is usually appropriate before considering surgery for this benign condition. There was no documentation of physical therapy, activity modification, or cortisone injections directed specifically toward the treatment of the patient's biceps tendon disorder. Therefore, the request for right shoulder arthroscopy is not medically necessary.

**Associated surgical service: Assistant surgeon:** Upheld

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

**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: Post-op physical therapy 2 x 6:** Upheld

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

**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: Cold therapy unit:** Upheld

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

**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.