

Case Number:	CM15-0002634		
Date Assigned:	01/14/2015	Date of Injury:	07/01/2009
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 49 year old female, who sustained an industrial injury on July 1, 2009. She has reported right neck, shoulder and arm pain. The diagnoses have included rotator cuff sprain/strain, cervical disc displacement, brachial neuritis or radiculitis, biceps tenosynovitis, chronic pain, and major depressive disorder, single episode, chronic, moderate. Treatment to date has included physical therapy, medications, two rotator cuff repair surgeries, and psychotherapy. Exam note 9/17/14 demonstrates no changes in exam. Patient appears to have intact repair of rotator cuff but has a long head of biceps tendon tear with retraction to the level of the bicipital groove. Currently, the injured worker complains of continued neck, shoulder and arm pain. The treating physician is requesting approval for a right shoulder arthroscopy for biceps tendonitis. On December 9, 2014 Utilization Review non-certified the request for the right shoulder arthroscopy noting the lack of documentation to support the medical necessity of the procedure. The MTUS-ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Right Shoulder Anthroscopy Biceps Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter - Indications for Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Surgery for long head of biceps

Decision rationale: CA 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 there is no formal MRI report demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. In addition the exam note of 9/17/14 does not demonstrate any objective evidence of biceps pathology. Therefore the determination is for non-certification.