

Case Number:	CM15-0018853		
Date Assigned:	02/06/2015	Date of Injury:	07/07/2004
Decision Date:	04/24/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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 68-year-old female who reported injury on 07/07/2004. The mechanism of injury was a slip and fall in the kitchen, and the injured worker was noted to hit her right shoulder. The injured worker was noted to undergo physical therapy. There was a Request for Authorization submitted for review dated 01/15/2015. The injured worker underwent a right shoulder examination, which revealed the pain level was 4/10 to 5/10. The pain was made worse by overhead reaching. The physical examination revealed the injured worker had positive tenderness in the bicipital groove anteriorly. The sensation was intact in the right upper extremity. The motor strength examination was decreased due to pain. The documentation indicated that the physician opined the injured worker had a cramping of the biceps muscle belly with subsequent rupture of the biceps tendon. The physician further documented and discussed that the question was raised as to whether or not the injured worker desired to proceed with a biceps tenodesis to pull the muscle belly of the greater tension level to prevent cramping while lifting heavy objects and while supinating the forearm. The diagnoses included status post right shoulder debridement; right shoulder tendonitis; bicipital tendonitis; and biceps muscle cramping, right upper extremity. The treatment plan included right shoulder subpectoral biceps tenodesis, postoperative sling, and Norco 5/325 #30 for postoperative pain control. The documentation indicated the injured worker underwent an MRI of the right shoulder on 08/07/2014, which revealed severe tendinosis with mucoid degeneration involving both the supraspinatus and infraspinatus tendons. A full thickness tear was not evident. The bicipital tendon was visualized within the bicipital groove and appeared intact. The intra-articular portion

of the bicipital tendon as not visualized. It was opined this may be artifactual, but an intra-articular tear of the biceps tendon could not be excluded.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder Arthroscopy W/ Subpectoral Bicep Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG Shoulder Chapter updated 10/31/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Biceps Tenodesis.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for injured workers who have activity limitation for more than 4 months, plus the existence of a surgical lesion and documentation of a failure to increase range of motion and strength of the musculature around the shoulder even after an exercise program. There should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. They do not, however, address biceps tenodesis. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that for a biceps tenodesis treatment, there should be documentation of 3 months of conservative care including physical therapy and NSAIDs, and there should be documentation of a type 2 or type 4 lesion. Additionally, the history and physical examination and imaging should indicate pathology, and the definitive diagnosis of a SLAP lesion is diagnostic arthroscopy. The clinical documentation failed to indicate the injured worker had a failure of conservative care and failed to provide objective findings upon examination. There was no official MRI submitted for review. Given the above, the request for right shoulder arthroscopy w/subpectoral bicep tenodesis is not medically necessary.

Associated surgical services: 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 services: Norco 10/325 mg: 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 services: Cold therapy unit x 14 days: 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 services: Arm sling: 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.