

Case Number:	CM15-0130303		
Date Assigned:	07/16/2015	Date of Injury:	12/07/2012
Decision Date:	08/12/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/06/2015

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, Indiana, Oregon
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 45 year old female, who sustained an industrial injury on December 7, 2012. Treatment to date has included right shoulder arthroscopic surgery, cortisone injections, medications, physical therapy, diagnostic imaging, and work restrictions. Currently, the injured worker complains of pain of the right shoulder. She is status post right shoulder arthroscopic revision of rotator cuff repair on April 11, 2014. On physical examination, the injured worker has tenderness to palpation over the biceps groove greater than the acromioclavicular joint and her external rotators remain weak. Her right shoulder range of motion is full and symmetric bilaterally but she has pain beyond 90 degrees of active forward flexion and abduction. Imaging of the right shoulder reveals well-laced suture anchors consistent with rotator cuff repair and no evidence of migration or failure. An MRI arthrogram of the right shoulder reveals no evidence of obvious recurrent rotator cuff tear. The diagnoses associated with the request include bicipital tenosynovitis. The treatment plan includes right shoulder diagnostic arthroscopy with post-operative physical therapy and post-operative sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder, diagnostic arthroscopy, extensive debridement RTC, biceps tenotomy and subacromial adhesions/open biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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, the MRI does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore, the request is not medically necessary.