MAXIMUS Federal Services

Case Number:	CM15-0142100		
Date Assigned:	07/31/2015	Date of Injury:	10/20/2011
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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: Minnesota, Florida
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 55 year old male who sustained a work related injury October 20, 2011. Past history included gout, high cholesterol, right shoulder surgery 1995 and 2012, left shoulder surgery 2002, right hip surgery 2005, and left knee surgery 2009. According to a primary treating physician's progress report, dated June 2, 2015, the injured worker presented with complaints of soreness in his right shoulder for the past few days. He described the pain, rated 3-4 out of 10, as shooting and sharp when reaching or with fast movements and associated with limited range of motion of the joint. Examination of the right shoulder revealed well healed portal sites, full range of motion, Neer impingement and O'Brien's test are negative, Hawkins impingement, apprehension and relocation tests are positive. A right shoulder MRI, performed May 20, 2015, (report present in the medical record) revealed rotator cuff anchors in place without complication; small inferior labral tear; subscapularis tear and subluxation of the biceps tendon; AC (acromioclavicular) joint arthritic changes and an acromial spurring. Assessment is documented as subscapularis tear, right shoulder; biceps tendon subluxation, rupture, right. At issue, is the request for authorization for a right shoulder arthroscopy, subcapularis repair, debridement and possible biceps tenotomy and biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Subscapularis Repair/Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213.

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of is surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. A rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. For partial-thickness or small full-thickness tears, surgery is reserved for cases failing conservative therapy for 3-6 months with an exercise rehabilitation program and corticosteroid injections. The guideline criteria have not been met. Imaging does not show a full-thickness rotator cuff tear. There is no evidence of weeks/months of a recent detailed, reasonable and or comprehensive nonoperative treatment protocol trial and failure. Therefore, the request is not medically reasonable and necessary at this time.

Possible Biceps Tenotomy and Bicep Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Biceps Tenodesis.

Decision rationale: California MTUS guidelines are silent on this issue. ODG guidelines recommend biceps tenodesis as an option for type II or type IV SLAP lesions in patients over 40 years of age. However, the guidelines necessitate 3 months of conservative care prior to any surgery. The guideline criteria have not been met. The necessary 3 months of a recent, detailed, reasonable and/or comprehensive nonoperative treatment protocol trial and failure has not been submitted. Therefore, the request is not medically reasonable and necessary at this time.