

Case Number:	CM15-0163908		
Date Assigned:	09/10/2015	Date of Injury:	03/29/2005
Decision Date:	10/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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 43-year-old female, who sustained an industrial injury on 3-29-05. The injured worker was diagnosed as having probable superior labral tear of the right shoulder, biceps tendinosis, and partial thickness rotator cuff tear. Treatment to date has included right shoulder arthroscopic capsulorrhaphy, bilateral endoscopic carpal tunnel releases, a right shoulder corticosteroid injection, and medication. On 7-2-15, the treating physician noted MRI results obtained on 5-26-15 revealed "tendinosis or partial thickness tearing of the supraspinatus and infraspinatus tendons. There is no full thickness tear or detachment. There is signal change in the superior labrum consistent with a probable degenerative tear. The biceps tendon has signal change consistent with tendinosis. There is acromioclavicular joint arthritis as well." Physical examination findings on 7-2-15 included full shoulder range of motion bilaterally. Tenderness over the glenohumeral joint and biceps tendon was noted. O'Brien's and SLAP test were positive. Mild acromioclavicular joint tenderness and mildly positive impingement testing was also noted. Currently, the injured worker complains of right shoulder pain. The treating physician requested authorization for right shoulder debridement, arthroscopic subacromial decompression, possible distal clavicle resection, and possible biceps tenodesis. Other requests included a preoperative appointment, a preoperative Ultracet refill, a preoperative Naproxen refill, 4 postoperative appointments within global period with fluoroscopy, postoperative physical therapy 2x6, and a game ready rental for 2 weeks, and a shoulder immobilizer. Regarding the surgical procedure, on 7-21-15 the request was non-certified. The utilization review physician noted, "There was a prior denial of right shoulder surgery due to lack of documented conservative treatment. There remains no discussion of a subacromial injection, or recent conservative treatment besides medication use." Due to the surgical procedure being non-certified, all surgical related requests were also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder debridement, arthroscopic subacromial decompression, possible distal clavicle resection, possible biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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 and failure of 3 months of physical therapy. 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.

Preoperative appointment: 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.

Preoperative medication: One refill of Ultracet: 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.

Preoperative medication: One refill of Naproxen: 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.

Four post operative appointments within global period with fluoroscopy: 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.

Post operative physical therapy, 2x6: 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: Game Ready rental for two weeks: 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: Shoulder immobilizer: 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.