

Case Number:	CM15-0168576		
Date Assigned:	09/14/2015	Date of Injury:	08/23/2014
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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, Oregon, Washington
 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 42 year old female, who sustained an industrial injury on 08-23-2014. She has reported injury to the right shoulder. The diagnoses have included right shoulder pain; biceps tendon rupture; and superior glenoid labrum lesion. Treatment to date has included diagnostics, rest, physical therapy, and home exercise program. A progress report from the treating physician, dated 07-22-2015, documented an evaluation with the injured worker. The injured worker reported right shoulder pain; she complains of pain with overhead activity; it also hurts when throwing a softball and other exercises; her pain is overall mild-moderate and intermittent; and she has done "multiple rounds of physical therapy". Objective findings included an interpretation of an MRI arthrogram, from 02-2015, that "there is no rotator cuff tear"; "she has a prominent middle glenohumeral ligament and there is a complete versus near complete tear of the long head of the biceps tendon"; and (the provider) "cannot appreciate a true Popeye deformity although she does have decent amount of adipose tissue which could hide a Popeye deformity"; sensation is intact to light touch in the extremities; right shoulder acromioclavicular joint is non-tender; range of motion is full; and shoulder strength is noted at 5 out of 5. The treatment plan has included the request for right shoulder arthroscopy with debridement and biceps tenodesis, per 07-22-2015 order, quantity 1. The original utilization review, dated 08-06-2015, non-certified a request for right shoulder arthroscopy with debridement and biceps tenodesis, per 07-22-2015 order, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with debridement and biceps tenodesis, per 07/22/2015 order, quantity: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for tenodesis of 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, the MRI from 2/11/15 does demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore, the determination is for certification.