

Case Number:	CM15-0181061		
Date Assigned:	09/22/2015	Date of Injury:	04/05/2010
Decision Date:	11/03/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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 59-year-old female, who sustained an industrial injury on April 5, 2010. The injured worker was diagnosed as having status post unspecified left hand surgical intervention in 2012, internal derangement and bursitis of the shoulder, left long trigger finger, left carpal tunnel syndrome and left shoulder partial rotator cuff tear and biceps tendinosis per MRI study. Treatment to date has included diagnostic studies, physical therapy, physiotherapy, surgical intervention of the left hand, medications, injections in the shoulder and activity restrictions. His work status was noted as retired. Evaluation on July 10, 2015, revealed continued decreased range of motion in the left shoulder. Evaluation on July 24, 2015, revealed continued constant aching in the left shoulder, becoming sharp, shooting and throbbing with activity. She noted the pain traveled down her arm with numbness and tingling in the left shoulder and arm. She also noted popping, clicking, grinding and a locking sensation with movement. She noted her sleep was difficult secondary to pain and noted the pain was improved with medications. The left shoulder range of motion was noted as severely diminished with flexion at 20 degrees, abduction at 125 degrees, extension at 5 degrees, internal and external rotation at 65 degrees and adduction at 35 degrees. It was noted she had tried physical therapy (for several months) and medications. It was also noted she could perform activities of daily living without any difficulty. The RFA included requests for Left shoulder arthroscopy, subacromial decompression with possible biceps tenodesis and Post-Op Physical Therapy 12 Sessions Left Shoulder that were non-certified on the utilization review (UR) on August 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 12 Sessions Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / acromioplasty and biceps tenodesis.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Left shoulder arthroscopy, subacromial decompression with possible biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / acromioplasty and biceps tenodesis.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 7/24/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 7/24/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the determination is for non-certification. 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 determination is not medically necessary.