

Case Number:	CM15-0183305		
Date Assigned:	09/23/2015	Date of Injury:	05/21/2015
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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 57 year old male with a date of injury on 05-21-2015. The injured worker is undergoing treatment for a right shoulder SLAP lesion, right shoulder history of remote rotator cuff repair with no recurrent tear seen on the Magnetic Resonance Imaging, right shoulder bursitis and right shoulder osteonecrosis, superior humeral head. Physician notes dated from 06-19-2015 to 07-20-2015 documents the injured worker has continued right shoulder pain radiating to the bicep muscle with no improvement. O'Brien's and Hawking's maneuver were positive and he had pain with cross body adduction. Range of motion of the right shoulder is restricted. A physician progress note dated 08-17-2015 documents the injured worker complains of pain in the anterior aspect of the right shoulder that radiates to the bicep muscle and rated his pain as 7 out of 10. He received a cortisone injection with improvement for a few days. He had tenderness over the anterior shoulder and into the biceps muscle. Right shoulder flexion and extension is decreased. O'Brien's and Hawking's maneuver was positive and he had pain with cross body adduction. Treatment to date has included diagnostic studies, medications, cortisone injection, and 11 physical therapy visits. Modified duty is not available; he is not working. A Magnetic Resonance Imaging of the right shoulder done on 06-10-2015 revealed osteonecrosis of the superior humeral head with collapse of the superior articular surface, moderately severe supraspinatus and tendinosis without discrete or through and through tear and no retraction seen, and tearing of the biceps anchor. Overall findings are consistent with a prior nonmetallic tenodesis versus tear of the main component of a biceps. There is degeneration of the subscapularis tendon with chronic deep surface partial tearing, and bursitis and capsulitis. The

Request for Authorization done on 08-17-2015 includes right shoulder arthroscopy with limited debridement of glenohumeral joint-biceps, right shoulder immobilizer, and cold therapy unit for a 21 day rental. On 08-27-2015, the Utilization Review non-certified the requested treatment of right shoulder arthroscopy with limited debridement of glenohumeral joint 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 with limited debridement of glenohumeral joint and biceps tenodesis: Upheld

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

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

Decision rationale: Per ODG: "ODG Indications for Surgery- Shoulder Arthroscopic Debridement for Arthritis: Glenohumeral joint osteoarthritis, post-traumatic arthritis, or rheumatoid arthritis with all of the following: (1) More likely benefit under age 60 (contraindicated over 60 with humeral head deformity, large osteophytes and/or significant motion loss unless mechanical locking due to loose body); (2) Moderate to severe pain (preventing a good night's sleep) or functional disability that interferes with activities of daily living or work; (3) Positive imaging findings of shoulder joint degeneration with small lesions, preferably involving only one side of joint; (4) Conservative therapies (including NSAIDs, intra-articular steroid injections, and physical therapy) have been tried and failed for at least 6 months; (5) If rheumatoid arthritis, tried and failed anti-cytokine agents or disease modifying anti-rheumatic drugs."In this case, the patient does not meet the ODG criteria for the proposed surgery and thus the recommendation is for non-certification. This patient has a humeral head deformity, which per ODG is a contraindication to shoulder arthroscopy and debridement. The request is not medically necessary.