

Case Number:	CM15-0188026		
Date Assigned:	09/29/2015	Date of Injury:	02/17/2011
Decision Date:	11/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/24/2015

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 76 year old female, who sustained an industrial-work injury on 2-17-11. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder arthritis and right shoulder rotator cuff tear. Medical records dated (7-15-15 to 9-2-15) indicate that the injured worker complains of ongoing right shoulder pain status post right shoulder arthroscopy, rotator cuff repair and biceps tenotomy 6-1-11. She reports that after having physical therapy after the surgery the pain started to increase. She reports increased difficulty with activities of daily living (ADL) and problems with sleeping due to the pain. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 9-2-15 the injured worker is on a medical leave of absence. The physical exam dated 9-2-15 reveals that there is right shoulder tenderness, forward flexion is 120 degrees, abduction is 90 degrees, and there is limited internal and external rotation, positive impingement sign and positive abduction sign. The physician indicates that the injured worker has persistent pain in the right shoulder, positive Magnetic Resonance Imaging (MRI) scan, failed extensive non-operative care and recommends surgical intervention. Treatment to date has included pain medication, right shoulder arthroscopy, rotator cuff repair and biceps tenotomy 6-1-11, physical therapy, cortisone injection, and other modalities. Magnetic resonance imaging (MRI) of the right shoulder dated 7-28-15 reveals high grade partial to full thickness tear and moderate glenohumeral joint osteoarthritis. The request for authorization date was 9-8-15 and requested services included Right bicep tenodesis QTY 1, 2 days inpatient hospital stay QTY 2, and Post-op Ice Machine. The original Utilization review dated 9-21-15 modified the surgical procedure to include right reverse total shoulder arthroplasty only as medically necessary and appropriate. The request for 2 days inpatient hospital stay QTY 2 was modified to a 1 day inpatient hospital stay. The request for a Post-op Ice Machine was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right bicep tenodesis QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 9/8/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 7/28/15 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore the request is not medically necessary.

2 days inpatient hospital stay QTY 2: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Ice Machine: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.