

Case Number:	CM15-0189583		
Date Assigned:	10/01/2015	Date of Injury:	05/28/2015
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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 31 year old female, who sustained an industrial injury on May 28, 2015. She reported injury to her right shoulder. The injured worker was diagnosed as having rotator cuff sprain, shoulder and arm sprain not elsewhere classified, adhesive capsulitis shoulder and rotator cuff syndrome. Treatment to date has included diagnostic studies, right arm sling, activity modification and medication. On July 11, 2015, MRI of the right shoulder revealed very mild supraspinatus tendinosis and very mild concavity of the superolateral humeral head. On August 25, 2015, the injured worker complained of lateral right shoulder pain with radiation to the lateral aspect of the arm. The pain was described as a sharp and burning sensation. There was catching as the arm was lowered from an elevated position and with the arm below the level of the shoulder. She also reported numbness or parathesias in the upper extremity. Physical examination of the right shoulder revealed tenderness about the anterior joint line. The impingement sign, Hawkin's test, Speed's test and relocation test were all noted to be positive. The treatment plan included a biceps ligament repair, rotator decompression and acromioplasty. On September 14, 2015, utilization review denied a request for outpatient right shoulder arthroscopy with biceps ligament repair, rotator cuff decompression and acromioplasty and outpatient post-operative physical therapy for right shoulder three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with biceps ligament repair, rotator cuff decompression and acromioplasty, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Indications for surgery.

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 7/11/15 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis or repair. Therefore the determination is not medically necessary.

Post operative physical therapy, right shoulder, 3 times weekly for 4 weeks, 12 sessions, as outpatient: 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.