

Case Number:	CM15-0189756		
Date Assigned:	10/01/2015	Date of Injury:	01/22/2013
Decision Date:	11/10/2015	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 56 year old male who sustained an industrial injury on 1-22-13. Diagnoses are noted as status post left distal biceps tendon repair with residuals including irritation of the ulnar nerve of the left cubital region, status post arthroscopic surgery of the left shoulder 3-5-14 and repeat surgery 4-24-15 with Mumford procedure and bursectomy with secondary subacromial decompression with acute rupture of the longhead of the biceps tendon, post-operatively. Previous treatment includes at least 12 physical therapy visits, medication, surgery, MRI-left shoulder 8-6-15, and home exercise. In a progress report and request for authorization dated 9-1-15, the primary treating physician notes he is still symptomatic with left shoulder pain and a ruptured longhead of the biceps tendon. He had an MR arthrogram of the left shoulder confirming the biceps tendon tear and he continued the physical therapy for the left shoulder as well as home exercises. It is reported that he is slowly recovering but that "he feels the motion of the left shoulder is improving with pain and a pulling sensation and he has difficulty lifting and carrying heavy objects." Physical exam reveals the ruptured longhead of the biceps tendon persists with a lump of the left anterior mid arm, residual pain, left shoulder clicking and stiffness with instability to abduct more than 120 degrees or forward flex more than 120 degrees with pain. Work status is temporary total disability for an additional 6 weeks. The treatment plan is for a repeat arthroscopic evaluation and may need intra-articular surgery such as labral repair needs biceps tenodesis, which could be done arthroscopically but may need to be done in an open procedure. A request for authorization is dated 9-1-15. The requested

treatment of left shoulder OPA with repair of biceps tendon, additional left shoulder physical therapy 2x6, and pre-operative medical clearance was non-certified on 9-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder OPA with repair of biceps tendon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery-Ruptured Biceps Tendon Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder / 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 8/6/15 does demonstrate evidence that the biceps tendon is completely torn which does indeed warrant tenodesis or repair. Therefore, the determination is for certification. The request is medically necessary.

Additional left shoulder physical therapy 2x6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case, the requested number of visits equals the initial course of therapy. Therefore, the determination is for certification. The request is medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing general.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states: These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a 56 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination is for non-certification. The request is not medically necessary.