

Case Number:	CM15-0196614		
Date Assigned:	10/12/2015	Date of Injury:	03/11/2010
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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 54 year old male, who sustained an industrial injury on 3-11-2010. Diagnoses include synovitis of the left shoulder, rotator cuff, and recurrent dislocation of the shoulder, status post multiple surgical procedures for the left shoulder. Treatments to date include activity modification, medication therapy, physical therapy, home exercise, and therapeutic injections. On 9-10-15, the record documented two prior surgical procedures on the left shoulder, on 10-5-11 and 3-6-13, and was complaining of increasing, ongoing pain in the left shoulder. A cortisone joint injection provided 8-6-15 was noted to provide relief for one week. The physical examination documented tenderness of the left shoulder with decreased range of motion. The plan of care included an additional surgical procedure of the left shoulder. The appeal requested authorization for a repeat left shoulder arthroscopy, debridement, and possible biceps tenodesis, assistant surgeon, and release of bicipital decompression, debridement, and synovectomy. The Utilization Review dated 9-29-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left shoulder arthroscopy, debridement and possible biceps tenodesis versus release of the bicipital, decompression, debridement and synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

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 & Criteria for tenodesis of long head of biceps.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209 and 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 9/10/15. 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 9/10/15 does not demonstrate evidence satisfying the above criteria. 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 an incomplete tear of the proximal biceps tendon. In this case, there is no MRI evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore, the request is not medically necessary.

Associated Surgical Services: Assistant surgeon: 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.