

Case Number:	CM15-0197605		
Date Assigned:	10/13/2015	Date of Injury:	05/08/2014
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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 52 year old male, who sustained an industrial injury on 5-8-2014. The injured worker was being treated for left shoulder bicipital tenosynovitis. On 12-23-2014, the injured worker underwent a left shoulder arthroscopy with subacromial decompression, subacromial synovectomy, coracoacromial (CA) ligament resection, Mumford procedure, and rotator cuff debridement. Medical records (5-21-2015 to 8-27-2015) indicate ongoing anterior left shoulder pain without improvement. The treating physician noted the injured worker remains very symptomatic despite physical therapy, multiple steroid injections, and activity modifications. The physical exam (5-21-2015) reveals irritability with range of motion, especially with cross body adduction. There is acromioclavicular joint tenderness. There is flexion of 150 degrees, abduction of 140 degrees, external rotation of 80 degrees, and internal rotation of 70 degrees. The physical exam (8-27-2015) reveals bicipital groove tenderness, a positive SLAP prehension (superior labral tear from anterior to posterior-prehension) test, positive Speed's and Yergason's tests, and pain with cross body abduction. The left shoulder range of motion includes flexion of 160 degrees, abduction of 150 degrees, external rotation of 80 degrees, and internal rotation of 70 degrees without weakness. An incomplete report of an MRI of the left shoulder performed on 7-1-2015 revealed mild interval progression of rotator cuff tendinosis and peritendinitis. Per the treating physician (8-27-2015 report), a recent MRI revealed "no recurrent tears and no other obvious sources of anterior left shoulder pain." Treatment has included physical therapy, a home exercise program, steroid injections, and work restrictions. On 8-27-2015, the requested treatments included a left shoulder biceps tenodesis and 10 sessions of post-operative physical therapy for the left shoulder. On 9-15-2015, the original utilization review non-certified requests a left shoulder biceps tenodesis and 10 sessions of

post-operative physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter- Biceps tenodesis.

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 an incomplete tear of the proximal biceps tendon. In this case the MRI from 7/1/15 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore the determination is for non-certification. Therefore, the request is not medically necessary.

Post-operative physical therapy 2 times a week for 5 weeks (10 sessions) for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary. However, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.