

Case Number:	CM15-0199571		
Date Assigned:	10/14/2015	Date of Injury:	11/12/2012
Decision Date:	12/31/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, Oregon
 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:

This 47 year old man sustained an industrial injury on 11-12-2012. Evaluations include left shoulder MRI dated 4-15-2014 showing irregularity of the infraspinatus and supraspinatus tendons, and undated cervical spine and right shoulder s-rays. Diagnoses include left shoulder impingement syndrome, SLAP sprain status post labral repair to the left shoulder, left shoulder arthritis of the acromioclavicular joint status post distal claviclectomy, and cervical spondylosis without myelopathy. Treatment has included oral medications activity modifications, injection therapy, surgical interventions, 16 post-operative physical therapy sessions, and cognitive behavior therapy. Physician notes dated 8-31-2015 show complaints of bilateral shoulder pain and neck pain. The physical examination shows tenderness to palpation of the anterior left shoulder with paraspinal muscle tightness. Range of motion is noted to be flexion 155 degrees, extension 35 degrees, abduction 140 degrees, adduction 25 degrees, external rotation 55 degrees, internal rotation 60 degrees with a painful arc of motion. Neer's impingement sign, Hawkins's impingement sign, O'Brien's test, Yergason tests are all positive. Recommendations include further surgical intervention of the left shoulder including ART unit, pain pump, cold therapy, continuous passive motion machine, abduction brace, sling, post-operative physical therapy, Venlafaxine, Terocin patch, Klonopin, Risperidone, and follow up in three weeks. Utilization Review denied requests for pain pump purchase, cold therapy unit purchase, and art unit on 9-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic acromioplasty with poss biceps tenodesis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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 and failure of 3 months of physical therapy. Criteria for tenodesis of long head of biceps include a diagnosis of complete tear of the proximal biceps tendon. In this case the MRI does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore the request is not medically necessary.

Post-op physical therapy 3 times a week for 4 weeks left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Art unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 09/08/2015) - Online version, TENS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Pain pump for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Postoperative pain pump. 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) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Cold therapy for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Postoperative pain pump. 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) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: CPM machine for 21 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Continuous passive motion (CPM). 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) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Abduction brace for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Postoperative abduction pillow sling. 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) shoulder.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.