

Case Number:	CM15-0200800		
Date Assigned:	10/15/2015	Date of Injury:	06/05/2015
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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: Illinois, California, Texas
 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 injured worker is a 45-year-old male who sustained an industrial injury on 6/5/15. Injury occurred when he was pushing heavy equipment up a truck ramp. The 8/26/15 left shoulder MRI impression documented supraspinatus and subscapularis moderate tendinosis, long head of biceps moderate tendinosis, and moderate to marked subacromial bursitis seen predominantly anteriorly. There was glenoid labrum inferior and posterior tearing with an adjacent paralabral cyst and superior glenoid labrum moderate degeneration and fraying. The 9/16/15 treating physician report cited complaints of sharp severe left shoulder pain. He had no improvement with two corticosteroid injections and physical therapy. Left shoulder exam documented tenderness over the acromioclavicular joint, full range of motion, positive arc test, positive impingement tests, and normal strength. He was on modified work and activities. The 9/22/15 orthopedic reports cited continued left anterior shoulder pain. The shoulder popped in and out with sudden abduction motion, with anterior pain. Anti-inflammatory medication helped some. There was pain with any range of motion, and no improvement with physical therapy or injection. Pain interfered with sleep and activities of daily living. Left shoulder exam documented full but painful passive range of motion, and mild limitation in active range of motion. There was 4+/5 Jobe's weakness and tenderness over the biceps tendon. Imaging was reviewed. The diagnosis was left shoulder resolving biceps tendonitis with a SLAP tear. The treatment plan recommended left shoulder arthroscopy with biceps tenodesis. Authorization was requested for left arm biceps tenodesis. The 9/23/15 utilization review non-certified the request for left arm biceps tenodesis as degenerative changes can almost always be managed

conservatively because there is no functional disability. The 10/5/15 treating physician appeal request indicated that the injured worker had signs/symptoms consistent with a SLAP lesion on MRI. He noted a 4-month history of a sense of left shoulder inability with severe left shoulder pain not improved with conservative treatment including physical therapy, corticosteroid injection, and modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left arm biceps tenodesis: Overturned

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: Surgery for SLAP lesions.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is generally recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This injured worker presents with persistent and function-limiting left shoulder pain and instability. Functional limitations are noted in activities of daily living and work activities. History of injury, clinical exam, and imaging indicate a SLAP tear. Detailed evidence of at least 4 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The definitive diagnosis of SLAP lesions is confirmed at the time of arthroscopic evaluation. Therefore, this request is medically necessary.