

Case Number:	CM15-0209510		
Date Assigned:	10/28/2015	Date of Injury:	08/20/2014
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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 34 year old male, who sustained an industrial injury on 8-20-2014. The injured worker was being treated for a right shoulder superior labral tear from anterior to posterior (SLAP) tear. The injured worker (6-8-2015 and 8-8-2015) reported ongoing right shoulder pain without improvement and feels it may be worsening. The physical exam (6-8-2015 and 8-8-2015) revealed right shoulder active forward elevation was 130 degrees, active abduction was 130 degrees, and external rotation was 45 degrees. The treating physician noted rotator cuff strength was 5 out of 5 for the supraspinatus, infraspinatus, and subscapularis. The treating physician noted a positive O'Brien's test, pain with abduction external rotation test, tenderness to palpation over the bicipital groove, and pain with Neer and Hawkins testing. The injured worker (9-17-2015) reported ongoing right shoulder pain. The treating physician noted the injured worker's symptoms had not improved in over a year despite conservative treatment with activity modifications, anti-inflammatories, and a home exercise program. The treating physician recommended proceeding with right shoulder surgery. There is no physical exam documented in the medical records for 9-17-2015. The MRI of the left shoulder (9-23-2014) stated there was mild thickening of the subacromial subdeltoid bursa without fluid distension or rotator cuff tendon tear. The MRI also stated that there was moderate infraspinatus tendinosis and degenerated and slightly diminutive anterior labral remnant above the equator without displace labral flap or fragment. The MR arthrogram of the left shoulder (12-24-2014) stated there was mild rotator cuff tendinopathy, anterior superior and anterior labral tearing and degeneration, and mild partial-thickness glenohumeral chondromalacia. Treatment has included

physical therapy, a home exercise program, work modifications, and off work. Per the treating physician (8-25-2015 report), the injured worker has not returned to work. On 9-18-2015, the requested treatments included a right shoulder arthroscopy SLAP repair versus biceps tenodesis and outpatient facility. On 9-24-2015, the original utilization review non-certified a request for a right shoulder arthroscopy SLAP repair versus biceps tenodesis and outpatient facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy SLAP repair versus biceps tenodesis: 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 (Acute & Chronic): Surgery for SLAP lesions, 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 of the right shoulder from 12/24/14 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore the determination is not medically necessary.

Associated surgical services: Outpatient facility: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.