

Case Number:	CM15-0023305		
Date Assigned:	02/12/2015	Date of Injury:	04/18/2013
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/06/2015

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: Minnesota, Florida
 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 56 year old male, who sustained an industrial injury on April 18, 2013. The diagnoses have included status post procedures for right shoulder glenohumeral arthritis, coracoid impingement, recurrent scarring of the anterior bursa, labral tear and likely residual scarring of his biceps tendon in the sheath. Treatment to date has included arthroscopic labral debridement, bursectomy, subacromial decompression, clavicular coplaning, coracoplasty and chondroplasty of the humeral head for impingement syndrome, labral tear and osteoarthritis of the right shoulder and biceps tenotomy, injections in the biceps tendon sheath with eighty percent relief of pain with stressing of the biceps. Currently, the injured worker complains of pain three weeks after injection. In a progress note dated December 30, 2014, the treating provider reports right shoulder examination reveals tenderness over the right biceps tendon sheath and minor tightness with full shoulder flexion. On February 3, 2015 Utilization Review modified a right arthroscopic versus open exploration of biceps tendon sheath with lysis of adhesions and excision to open biceps tenodesis with lysis of adhesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Arthroscopic vs. open exploration of biceps tendon sheath with lysis of adhesions and excision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Surgical Referral: OMPG Shoulder ch 9 page 209 and Shoulder Complaints, Online Version: Surgical Considerations-Shoulder Complaints Surgical Considerations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section: Shoulder, Topic: Biceps tenodesis.

Decision rationale: The injured worker is a 56-year-old male with a history of right shoulder injury on 4/18/2013. He underwent a rotator cuff repair in 2013. He then had arthroscopic debridement of the labrum, bursectomy, and clavicle coplaning, coracoplasty, chondroplasty of the humeral head with tenotomy of the biceps tendon in August 2014. The documentation indicates recurrence of pain over the biceps tendon with a positive Speeds test. A steroid injection in the area relieved pain indicating that this is the pain generator. The procedure requested is an exploration of the biceps tendon sheath with lysis of adhesions or biceps tenodesis, arthroscopic or open. Utilization review modified the procedure to right open exploration of biceps tendon sheath with probable tenodesis of the biceps or extensive release after a peer to peer discussion with the provider on 2/3/2015. The IMR application dated 2/6/2015 is for a surgical procedure consisting of "arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation." Based upon a review of the medical records, the utilization review modification after the peer to peer discussion with the provider consisting of exploration of the biceps tendon sheath with extensive release or biceps tenodesis, open, is appropriate and medically necessary. However, arthroscopy of the shoulder joint, surgical with lysis and resection of adhesions with or without manipulation as stated in the IMR application does not address the main issue pertaining to the biceps tendon and as such, the medical necessity of this request is not supported. ODG guidelines recommend biceps tenodesis as an option in patients over 40 years of age. The patient underwent a biceps tenotomy in the past and the provider feels that adhesions have formed necessitating a biceps tenodesis or resection. This is appropriate per ODG guidelines for the treatment of biceps tendinitis of the shoulder.