

Case Number:	CM15-0217366		
Date Assigned:	11/06/2015	Date of Injury:	11/09/2010
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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: Montana, Oregon, Idaho
 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 58-year-old female sustained an industrial injury on 11-19-10. Documentation indicated that the injured worker was receiving treatment for right shoulder rotator cuff tear with impingement. Previous treatment included left shoulder surgery (6-1-12), physical therapy, injections and medications. Magnetic resonance imaging right shoulder (4-5-14) showed a small full thickness tear of the anterior fibers of the supraspinatus tendon, moderate supraspinatus and infraspinatus tendinosis and a small subdeltoid bursal effusion. In a progress note dated 9-15-15, the injured worker complained of right shoulder pain. Physical exam was remarkable for right shoulder with positive impingement test, 4 out of 5 supraspinatus strength and range of motion: flexion 100 degrees, abduction 90 degrees, external rotation 80 degrees with pain and internal rotation 20 degrees with pain. The physician stated that surgery was indicated due to persistent right shoulder pain. The treatment plan included arthroscopic debridement, arthroscopic repair of the right rotator cuff, tenodesis, biceps, long tendon, arthroscopic decompression of subacromial space of the right shoulder. On 10-6-15, Utilization Review noncertified a request for arthroscopic debridement, arthroscopic repair of the right rotator cuff, tenodesis, biceps, long tendon, arthroscopic decompression of subacromial space of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic debridement, arthroscopic repair of the right rotator cuff, tenodesis, biceps, long tendon, arthroscopic decompression of subacromial space of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. 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 submitted notes do not demonstrate 4 months of failure of activity modification or physical therapy for the right shoulder. In addition, the MRI from 4/5/14 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. The submitted notes do not demonstrate relief from anesthetic injection. Therefore, the criteria have not been met and the request is not medically necessary.