

Case Number:	CM15-0221107		
Date Assigned:	11/16/2015	Date of Injury:	01/21/2015
Decision Date:	12/29/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/10/2015

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:

This is a 53-year-old male who sustained a work-related injury on 1-21-15. He reported an injury to his right shoulder while shifting gears in the truck he was driving. He was diagnosed with rhomboid muscle pain and inflammation, shoulder joint pain, shoulder joint stiffness, and cervicgia. Medical record documentation revealed the injured worker completed seven sessions of physical therapy for the right shoulder, which was not helpful (5-21-15, 8-10-15) and he failed use of NSAIDS (8-10-15). On 8-17-15, the injured worker reported diffuse pain in the right shoulder with referred pain to the trapezius area and the shoulder blade. He reported that he had right shoulder pain for the past ten years and was evaluated in 2010 on a non-industrial basis. Objective findings included right shoulder range of motion with flexion to 90 degrees, extension to 40 degrees, abduction to 90 degrees, adduction to 50 degrees, and bilateral rotation to 45 degrees. His diagnosis was right shoulder osteoarthritis. He found the pain tolerable with over-the-counter Advil and was cleared to perform modified work duties. An MRI of the right shoulder on 9-21-15 revealed severe glenohumeral osteoarthrosis with chondral denudation and extensive subchondral cystic change and marrow edema; moderate supraspinatus, infraspinatus and subscapular tendinosis, mild long head of the biceps tendinosis, moderate to advanced acromioclavicular osteoarthrosis and loss of normal fat signal intensity within the rotator interval with possible adhesive capsulitis. A request for right shoulder arthroscopy, debridement, possible rotator cuff repair, distal clavicle excision, biceps tenodesis, subacromial decompression and acromioplasty with one-two day inpatient stay was received on 10-14-15. On 10-22-15, the Utilization Review physician modified right shoulder arthroscopy, debridement, possible rotator

cuff repair, distal clavicle excision, biceps tendinosis, subacromial decompression and acromioplasty with one-two day inpatient stay to an outpatient procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, debridement, possible RCR, distal clavicle excision, biceps tenodesis, subacromial decompression, acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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 & acromioplasty.

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. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 8/17/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 8/17/15 does not demonstrate evidence satisfying the above criteria. 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 from 9/21/15 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore, the proposed surgery is not medically necessary and the determination is for non-certification.

1-2 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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 & acromioplasty.

Decision rationale: The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.