

Case Number:	CM15-0035775		
Date Assigned:	03/04/2015	Date of Injury:	03/07/2011
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 03/07/2011. Current diagnoses include shoulder joint pain, myalgia and myositis, chronic pain syndrome, other pain disorder related psychological factors, and lumbago. Previous treatments included medication management, prior shoulder surgery on 05/16/2014. Report dated 01/22/2015 noted that the injured worker presented with complaints that included worsening left shoulder pain. Physical examination was positive for abnormal findings. MRI of the left shoulder dated 12/30/2014 was included for review. Utilization review performed on 02/18/2015 non-certified a prescription for left shoulder arthroscopy with biceps tenodesis and rotator cuff repair, based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Biceps Tenodesis and Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Tenodesis of long head of biceps.

Decision rationale: Based upon the CA MTUS Shoulder Chapter. Pages 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. According to the Official Disability Guidelines, 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 there the exam note of 1/22/15 demonstrates lack of evidence of failure of 4 months of nonsurgical management. Therefore the determination is for non-certification.