

<b>Case Number:</b>	CM15-0038969		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Sports Medicine

### 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 60-year-old female who reported an injury on 01/24/2005 due to an unspecified mechanism of injury. An MRI report dated 08/01/2014 showed a low to moderate grade partial thickness tearing involving the anterior middle fibers of the supraspinatus tendon "at the adjacent to the footprint," no glenoid labrum tearing, marked hypertrophic degenerative changes of the acromioclavicular joint with adjacent small subacromial osteophyte. On 02/24/2015, she presented for an evaluation regarding her work related injury. It was noted that she had undergone trigger point injections previously that did not give her any relief, as well as joint injections, which gave her temporary relief. She reported pain along the bilateral shoulders, more on the left, as well as pain in both wrists with numbness and tingling. On examination, she had tenderness along the cervical paraspinal muscles bilaterally and pain with facet loading. The left shoulder showed abduction of 90 degrees with shrugging, and tenderness along the rotator cuff and biceps tendon. She also had weakness against resistance and a positive impingement and Hawkins sign. She was diagnosed with discogenic cervical condition; right shoulder impingement status post decompression; overuse of the right upper extremity; and element of sleep, GERD, headaches, TMJ syndrome, and constipation. Other therapies have included medications. The treatment plan was for a left shoulder arthroscopy with biceps tenodesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy with bicep 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); Bicep tenodesis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The California ACOEM Guidelines indicate that surgery may be considered when there is evidence of red flag conditions, activity limitations for more than 4 months, plus the existence of a surgical lesion, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgery. It is also stated that disorders of the biceps tendon are usually degenerative changes and can almost always be managed conservatively, but that surgery may be desired for cosmetic reasons. The documentation submitted for review does not show that the injured worker has tried and failed physical therapy or an exercise program to support the medical necessity of a biceps tenodesis. Also, the guidelines indicate that biceps disorders can almost always be managed conservatively. Therefore, the requested surgical procedure would not be supported. As such, the request is not medically necessary.

**Associated surgical service: Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Surgical Assistants.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Shoulder Brace with abduction pillow purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Post-operative abduction pillow sling.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Cold Therapy Unit Purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous flow cryotherapy.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op Physical Therapy 3 x 4: 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.