

Case Number:	CM15-0041162		
Date Assigned:	03/11/2015	Date of Injury:	09/26/2008
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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: Illinois, California, Texas
 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 43-year-old female who sustained an industrial injury on 9/26/08. The mechanism of injury was not documented. The 1/6/15 right shoulder MRI showed mild long head of the biceps tenosynovitis versus physiologic fluid along the tendon sheath. There was mild conjoin tendinosis of the infraspinatus and supraspinatus tendon insertions. A focal partial thickness tear could not be excluded in this location without intra-articular contrast. There was mild acromioclavicular (AC) joint arthrosis. The 11/24/14 orthopedic report documented difficulty obtaining an MRI of the right shoulder due to severe anxiety, and recommended IV sedation. Physical exam documented pain with cross-body adduction, supraspinatus and external rotation weakness, and unchanged range of motion. She had difficulty with activities of daily living. The 1/16/15 treating physician report documented tenderness over the biceps with positive Yergason's, Speed's, and Obrien's tests. There was no tenderness over the AC joint. She had failed non-operative treatment, including physical therapy and medications. The 2/25/15 utilization review non-certified the request for right shoulder arthroscopy with biceps tenotomy, subpectoral biceps tenodesis, and associated surgical items/services, as there was no clear clinical and imaging evidence of a type II or IV SLAP lesion, or supportive clinical exam findings, graded pain, activity limitation, or positive orthopedic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Biceps Tenotomy, Subpectoral Biceps Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Biceps tenodesis; Surgery for SLAP lesions; Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines criteria for biceps tenodesis include age over 40, 3 months of conservative treatment, Type II or IV SLAP lesions, and patients undergoing rotator cuff repair. History and physical exam and imaging should indicate pathology. Guideline criteria have not been met. The submitted records do not clearly describe the subjective complaint. Clinical exam findings suggest labral and biceps pathology but this is not correlated with imaging and history of injury is not documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no clear imaging evidence to support the medical necessity of this request. Therefore, this request is not medically necessary.

Associated surgical service: Inpatient Stay x 1 day: 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: Hospital length of stay (LOS).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Associated surgical service: Medical Clearance: 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 page 40.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-Operative Physical Therapy 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Associated surgical service: Vascutherm Cold Therapy Unit x 14 Day Rental: 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: Cold compression therapy; Continuous flow cryotherapy.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Associated surgical service: Bledsoe ARC Sling: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205 and 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder, Postoperative abduction pillow sling.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.