

Case Number:	CM15-0069325		
Date Assigned:	04/16/2015	Date of Injury:	05/19/2012
Decision Date:	07/14/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/13/2015

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: Minnesota, Florida

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 female who sustained an industrial injury on May 19, 2012. She has reported injury to the left shoulder and has been diagnosed with bicipital tenosynovitis. Treatment has included surgery, injection, modified work duty, and medications. Currently the injured worker had mild tenderness over the AC joint and mild pain with cross body abduction. There was also tenderness over the bicipital groove. The treatment plan included arthroscopic biceps tenodesis of the left shoulder, pre operative clearance, post op PT x 12 sessions, cold therapy, and a shoulder sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic biceps tenodesis of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Biceps tenodesis.

Decision rationale: Per MRI report of the left shoulder dated 10/15/2014 the injured worker was 34 years old with a history of left shoulder surgery in 2013 and continuing shoulder pain. MRI examination of the left shoulder revealed mild supraspinatus tendinosis without evidence of a tear. The biceps tendon demonstrated mild intra-articular tendinosis without tear. There may have been prior superior labral debridement as the superior labrum was blunted and probably chronically torn. There was undermining at the base of the anteroinferior labrum compatible with a probable chronic tear. The acromion was very thin suggesting prior subacromial decompression/acromioplasty. There was evidence of a prior Mumford procedure. The physician's progress report dated October 22, 2014 indicates continuing pain in the midshaft of the clavicle and in the trapezius posterior to the clavicle. There was no improvement with time. Cortisone injections did not help. She was status post surgery and was complaining of pain with lifting and transferring objects. There was no pain at rest. There had been no significant improvement over the last few months. Examination of the left shoulder revealed flexion 160, abduction 160, external rotation 80 and internal rotation 80. There was no tenderness over the acromioclavicular joint. There was tenderness over the clavicle to worse the mid shaft, anterior and posterior and tenderness over the trapezius. Impingement sign was negative. She had a negative speed's and Yergason and apprehension was negative. There was no tenderness over the bicipital groove. The tenderness was more medial and located next to the clavicle. MRI of the left shoulder revealed postsurgical findings with a type I acromion. No evidence of recurrent bone spur. She was status post distal clavicle resection. Rotator cuff was intact. Glenoid labrum was intact. Glenohumeral joint was otherwise intact. The assessment was recurrent pain, left shoulder status post surgery. The provider stated that he was at a loss to identify the pain generator. X-rays of the cervical spine did not reveal any degenerative disc disease. The provider had briefly entertained the possibility of bicipital tenosynovitis but most of the pain was located around the clavicle and not over the biceps tendon and her physical examination was not consistent with biceps tenosynovitis. The provider therefore requested a second opinion. A subsequent examination of February 11, 2015 documents tenderness over the biceps tendon and markedly positive impingement and apprehension. There was no significant posterior tenderness. This was totally different from the prior examination findings. The provider opined that the injured worker was a candidate for arthroscopic biceps tenodesis. A subsequent request for biceps tenodesis of the left shoulder was noncertified by utilization review as there was no documentation of a recent detailed reasonable and/or comprehensive nonoperative treatment protocol while and failure. Furthermore there was no imaging evidence of the need for the surgical procedure. ODG criteria for biceps tenodesis include 3 months of conservative treatment with NSAIDs and physical therapy, evidence of type II SLAP lesion or type IV SLAP lesion, history and physical examination and imaging indicate pathology and the age should be over 40. In this case there is no evidence of 3 months of conservative treatment with NSAIDs and physical therapy, there is no imaging evidence of type II SLAP or type IV SLAP lesion, the history and physical examination have revealed inconsistent findings and imaging does not indicate operative pathology. The age requirement has not been met. As such, the request for a biceps tenodesis is not supported and the medical necessity of the request has not been substantiated.

Pre-op 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 ODG: Section: Shoulder, Topic: Biceps tenodesis.

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

Post-op physical therapy (PT) 12 sessions: 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 ODG: Section: Shoulder, Topic: Biceps tenodesis.

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

Associated surgical service: cold therapy for 7-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 ODG: Section: Shoulder, Topic: Biceps tenodesis.

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

Associated surgical service: shoulder sling shot: 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 ODG: Section: Shoulder, Topic: Biceps tenodesisw.

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