

<b>Case Number:</b>	CM15-0081191		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 63-year-old male with a history of bilateral chronic rotator cuff tears. He has had 2 surgical procedures on the right shoulder. An MRI scan of the left shoulder was performed on 12/12/2014. The report indicates subjective complaints of pain and limited range of motion of the left shoulder related to a date of injury of December 19, 2000 and a subsequent date of reinjury of December 19, 2012.. The MRI findings included a full-thickness and full width tear of the supraspinatus and infraspinatus tendons with retraction by over 3.5 cm maximally. There was moderate muscular atrophy of the supraspinatus and infraspinatus. Moderate acromioclavicular arthritis was noted. A moderate effusion was noted in the subacromial bursa. Mild diffuse thinning of the articular cartilage was noted along with a moderate glenohumeral effusion. There was tenosynovitis of the long head of biceps without tear. A recent follow-up examination of April 28, 2015 indicates worsening of the range of motion and strength of the shoulder. The injured worker complained of increased pain and weakness. Injections were not helping. His last physical therapy session was in October 2014. He is currently on a home exercise program. On examination forward flexion was 40° and abduction 40°. External rotation was 30° and passive forward flexion 110° and passive abduction 90°. Passive external rotation was 60°. Range of motion was limited by pain. The provider requested physical therapy on 4/28/2015 to comply with the guidelines requirement and indicated that injections were not helping. The prior request for arthroscopy of the left shoulder with subacromial decompression and rotator cuff repair was noncertified by utilization review as there was no documentation of an exercise rehabilitation program prior to the surgical request. The provider has indicated that the injured worker had attended physical therapy in the year 2014 up until October. He was also on a home exercise program. These have been appealed to an independent medical review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Shoulder Arthroscopy, Subacromial Decompression, Rotator Cuff repair:** Overturned

**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): 209, 210, 211.

**Decision rationale:** California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term, from surgical repair. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. Although conservative treatment may have results similar to surgical treatment, that is not the case here. The injured worker has a full-thickness tear with 3.5 cm retraction which appears chronic. The tear is associated with muscle atrophy as noted on the MRI scan. It is a significant tear that has resulted in weakness and limited range of motion. The documentation indicates that he did undergo physical therapy in October 2014 and has been on a home exercise program. Injections have not helped. His range of motion and strength are deteriorating. In light of the chronic nature of the tear, additional improvement is not likely. As such, the request for surgery is medically necessary.

### **Evaluation of the biceps Tendon for possible Tenodesis:** Overturned

**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:** ODG guidelines indicate biceps tenodesis as an option for type II or type IV SLAP lesions in patients over 40 years of age. Biceps tenodesis is a surgical procedure usually performed for the treatment of biceps tendinitis of the shoulder. A biceps tenodesis may be performed as an isolated procedure or part of a larger shoulder surgery such as a rotator cuff repair. The MRI scan was reported to show biceps tenosynovitis. The provider is requesting evaluation of the biceps tendon for possible biceps tenodesis which would be indicated in the presence of type II or type IV SLAP lesion. As such, the request is medical necessary.

