

Case Number:	CM15-0088819		
Date Assigned:	05/13/2015	Date of Injury:	04/01/2013
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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, Indiana, Oregon
 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 59-year-old male who sustained a work related injury April 1, 2013. Past history included right shoulder arthroscopic rotator cuff repair, August 2014 and right shoulder manipulation under anesthesia, March 5, 2015. According to a primary treating orthopedic physician's progress report, dated April 8, 2015, the injured worker presented with no change in his constant low back pain, rated 6/10, with occasional electric shock sensation about three times a month in his lower back. The pain radiates down both legs. He has completed the first set of 12 sessions of physical therapy and is authorized for twelve more sessions. He also complains of neck pain, right shoulder pain, left shoulder pain, and right and left knee pain. Diagnoses are documented as; cervical degenerative disease, C6-7, 4mm disc protrusion with moderate central canal stenosis and bilateral neural foraminal stenosis; lumbar degenerative disc disease L3-4, L4-5, L5-S1 moderate foraminal stenosis; left shoulder rotator cuff partial tear and impingement; bilateral knee degenerative meniscal tears. Treatment plan included request for authorization for left shoulder surgery, and at issue, a request for possible biceps tenodesis and a cold therapy unit and pad purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible biceps tenodesis: 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of biceps tenodesis. According to the Official Disability Guidelines, Criteria for 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 complete tear of the proximal biceps tendon. In this case, the MRI from 4/19/13 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore, the determination is not medically necessary.

Cold therapy unit and pad 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. DME in general is defined by its ability to be used by consecutive patients on a rental basis. In this case the request is for purchase and is therefore not in keeping with guidelines and therefore not medically necessary.