

Case Number:	CM15-0230310		
Date Assigned:	12/04/2015	Date of Injury:	12/04/2014
Decision Date:	01/14/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/23/2015

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:

This injured worker is a 63 year old female who reported an industrial injury on 12-4-2014. Her diagnoses, and or impressions, were noted to include: cervical neck sprain-strain; tendonitis of the wrist-hand-finger; arm-shoulder sprain-strain; right shoulder impingement; and trapezius strain. MRI of the right shoulder was done on 8-28-2015, noting hypertrophic changes to the "AC" joint. Her treatments were noted to include: an agreed medical evaluation supplemental report on 5-24-2012; 12 acupuncture treatments (April - July, 2015); medication management; and modified work duties. The notes of 7-29-2015 noted a return visit for her right shoulder, following a steroid injection which provided only a few hours of excellent relief before the pain returned; and that a right shoulder arthroscopic subacromial decompression, biceps tendon release and debridement was recommended. The progress notes of 8-31-2015 reported: continued clicking and feelings of impingement in her right shoulder causing problems with sleep and movement of the right arm; and that she recently had MRI of the shoulder which was reviewed with her. The objective findings were noted to include: tenderness over the right "AC" joint and distal clavicle; pain with overhead reaching; and positive impingement sign. The physician's requests for treatment were noted to include that she would benefit from a decompression of the right shoulder because she remained symptomatic despite conservative therapy; and that was instructed to make a follow-up appointment with the orthopedic physician. The request for authorization dated 8-13-2015, was noted for right shoulder arthroscopic debridement, subacromial decompression, and biceps tendon resection. The Utilization Review

of 11-3-2015 non-certified the request for right shoulder arthroscopic debridement, "SAD", and biceps tendon resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic debridement, SAD, biceps tendon resection: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder, Diagnostic arthroscopy, Indications for surgery.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Surgery for biceps tenodesis.

Decision rationale: Per exam note of 6/24/2015 the injured worker is a 62-year-old female who presents with right shoulder pain of 2 years duration. On examination abduction was 170, forward flexion 160, external rotation 70 and internal rotation to T10 bilaterally. The right shoulder was tender over the anterior aspect of the acromion and biceps tendon, non-tender over the acromioclavicular joint. There was a positive speed's test, positive impingement test, negative Key test, negative rent test and positive Hawkins sign. MRI scan of the right shoulder dated 8/31/2015 revealed a type II acromion with minimal hypertrophic changes involving the acromioclavicular joint. There was no evidence of rotator cuff tears. There was no evidence of labral pathology. The biceps tendon was normal. Injections gave her several hours of relief and then the pain recurred. The provider recommended arthroscopic subacromial decompression, biceps tendon release and debridement. The last progress note is dated October 7, 2015 and indicates continuing pain in the right shoulder on examination she was tender over the anterior aspect of the acromion and biceps tendon. She was non-tender over the acromioclavicular joint. She had a positive speeds and positive Hawkins sign. Surgery was discussed. The second page of the progress note is not submitted and so the note is incomplete. The current request pertains to right shoulder arthroscopic debridement, subacromial decompression and biceps tendon resection. California MTUS guidelines indicate the surgery for impingement syndrome is usually arthroscopic decompression. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. In this case, the injured worker has chronic impingement for the last 2 years and conservative treatment with physical therapy, injections, and acupuncture has been documented. There is clinical evidence of impingement on multiple examinations. The MRI scan shows a type II acromion but there is no documentation of rotator cuff tendinitis. The degenerative changes in the acromioclavicular joint are said to be minimal. With regard to the request for biceps tenotomy, ODG guidelines indicates criteria for surgery for biceps tenodesis or tenotomy include history and physical examination and imaging indicate significant biceps tendon pathology, 3 months of failed conservative treatment with NSAIDs, injections, and physical therapy, advanced biceps tendinopathy, type II and type IV SLAP lesions, patients undergoing concomitant rotator cuff repair, age 40 and older. In this case although the history and physical examinations indicate tenderness over the biceps tendon and positive speed's test, imaging does not indicate significant biceps tendon pathology. There is no

evidence of a type II or type IV SLAP lesion. There is no evidence of advanced biceps tendinopathy. As such, the request for biceps tenotomy is not supported by ODG guidelines and the medical necessity of the combined request for right shoulder arthroscopic debridement with subacromial decompression and biceps tendon resection has not been established. Therefore the request is not medically necessary.