

Case Number:	CM15-0236427		
Date Assigned:	12/11/2015	Date of Injury:	11/04/2013
Decision Date:	01/21/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/03/2015

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 50-year-old male who sustained an industrial injury on 11-4-2013 and has been treated for low back pain; left biceps tendon tear or rupture; left shoulder impingement syndrome; and, left shoulder bursitis. A left shoulder arthroscopic subacromial decompression and bursectomy was performed 4-10-2014. A diagnostic MRI arthrogram of the shoulder dated 7-14-2015 showed longitudinal tear of the biceps tendon. On 10-8-2015 the injured worker presented with constant left shoulder pain, worsened with range of motion which was also noted to be reduced. He also complained of low back pain radiating to the lower extremities with numbness and tingling, and painful, reduced movement. Significant objective findings include tenderness to palpation over the anterior, lateral, and superior aspects of the left shoulder. Range of motion was noted at 145 degrees with flexion, and 50 degrees with external rotation stated to be decreased, and painful with movement. Neer, Hawkins, and O'Brien tests were positive. In regards to the left shoulder symptoms, the physician documented that the injured worker has "failed therapy and activity modification as well as previous arthroscopic surgery in 2014." Specific treatments are not provided in the note. The lumbar spine was stated to continue to be symptomatic with reported pain rating of 8 out of 10. The injured worker had "an injection," stated to have helped for a "couple of weeks." During the examination, there was lumbosacral midline tenderness and bilateral hamstring tightness. The injured worker is stated to use a gravity table. The request was for left shoulder arthroscopic biceps tenodesis and revision of subacromial decompression with associated services; and, 6 acupuncture sessions for the lumbar spine. Each was non-certified on 11-11-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Biceps Tenodesis and Revision Subacromial Decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (Acute & Chronic) Bicep Tenodesis.

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 and failure of 3 months of physical therapy. Criteria for tenodesis of long head of biceps include a diagnosis of complete tear of the proximal biceps tendon. In this case there has not been dedicated physical therapy or injection management for the newly diagnosed biceps tear since the last arthroscopy. Therefore the request is not medically necessary.

Associated Surgical Service: 7 day Cold Therapy Unit Rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

12 Post-op Physical Therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated Surgical Service: Shoulder Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

6 Acupuncture sessions for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8 and 9. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (4) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). In this case, the worker has had 14 sessions of acupuncture with decreasing results over time. The last 2 visits did not provide significant functional improvement. Based on this, the request is not medically necessary.