

<b>Case Number:</b>	CM15-0237913		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	02/02/2014
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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: Illinois, California, Texas  
 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 69-year-old male who sustained an industrial injury on 2/2/14. Injury occurred when he picked up luggage from a conveyor belt and tossed it on a cart. Conservative treatment included medications, activity modification, chiropractic, physical therapy, and injections. The 8/29/14 left shoulder MRI impression documented low-grade partial thickness tear involving the undersurface of the supraspinatus tendon associated with mild muscle atrophy. There was chronic subscapularis tendinosis associated with partial thickness intrasubstance tearing. There was a complete tear involving the proximal portion of the biceps tendon. There were moderate degenerative hypertrophic changes of the acromioclavicular (AC) joint. The 10/22/15 initial orthopedic report cited intermittent grade 5-7/10 left shoulder pain with radiation into his neck, chest, and clavicle area. Pain was associated with cracking, numbness, tingling, throbbing, and exhaustion. Pain was aggravated by movements and activity such as reaching above the shoulder level, heavy lifting, and sleeping on his left side. Left shoulder exam revealed pain over the impingement area and moderate painful arc of motion. Range of motion testing documented flexion 170, abduction 170, external rotation 60, and internal rotation to T12/L1. There was 5/5 strength with pain noted in resisted external rotation and internal rotation testing. O'Brien's and impingement tests were positive. Imaging showed a tear to the proximal biceps tendon. There was some history of AC joint arthropathy, and some tendinosis along the rotator cuff consistent with partial rotator cuff tear. The injured worker had undergone physical therapy and some corticosteroid injections with continued pain. Short term benefit was documented with prior corticosteroid injections. There was crepitus and locking, most likely a piece of the biceps

tendon is engraved within the joint. Authorization was requested for left shoulder arthroscopy with bicep tenodesis, subacromial decompression, bursectomy, and possible AC joint co-planing. The 11/20/15 utilization review non-certified the request for left shoulder arthroscopy with bicep tenodesis, subacromial decompression, bursectomy, and possible AC joint co-planing as there was fairly normal range of motion and minimal weakness with positive impingement sign but no x-rays or imaging were provided for review to support the medical necessity of this request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Shoulder Arthroscopy with Bicep Tenodesis, Subacromial Decompression Bursectomy and Possible AC joint Co-Planting: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for Impingement syndrome; Biceps tenodesis.

**Decision rationale:** The California MTUS guidelines provide a general recommendation for impingement surgery and rotator cuff surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines (ODG) provide more specific indications for impingement syndrome and partial thickness rotator cuff repairs that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. The Official Disability Guidelines provide criteria for biceps tenodesis that include history, physical exam, and imaging indicate significant biceps tendon pathology that had failed 3 months of conservative treatment with injections, anti-inflammatory medications, and physical therapy. Biceps tenodesis is also supported in patients undergoing rotator cuff repair. Guideline criteria have been met. This injured worker presents with persistent left shoulder pain with locking. Functional limitations precluded return to work full duty. Clinical exam findings were consistent with imaging evidence of biceps tendon tear, partial thickness rotator cuff tear, and AC joint arthrosis with plausible impingement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.