

Case Number:	CM14-0148321		
Date Assigned:	10/13/2014	Date of Injury:	10/30/2013
Decision Date:	11/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas & Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old male who reported an injury on 10/30/2013. The mechanism of injury was when the injured worker was carrying debris on his shoulder and fell sideways. The diagnoses included right shoulder bursitis status post proximal humerus fracture and right shoulder biceps tenosynovitis. The previous treatments included medication. Within the clinical note dated 08/13/2014, it was reported the injured worker complained of right shoulder pain. The provider noted the injured worker's MRI of the right shoulder did show some partial rotator cuff tearing and significant bursitis present in his right shoulder. Upon the physical examination, it was indicated the injured worker had tenderness in the subacromial space. There were positive Neer's and Hawkin's impingement signs present. The range of motion of forward flexion was 140 degrees and abduction at 120 degrees with discomfort. The provider requested a right shoulder arthroscopy subacromial decompression and proximal biceps tenodesis surgery, since the injured worker had not improved since the date of injury. A request was also made for a 7 day rental of a cold therapy unit, 1 assist by a surgeon, and 12 postoperative physical therapy visits. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right shoulder arthroscopy with decompression and debridement, open biceps tenodesis:
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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation (ODG) Shoulder, Bicep tenodesis.

Decision rationale: The California MTUS/ACOEM Guidelines note surgical consideration may be indicated for patients who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder after exercise programs, 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. The guidelines note rotator cuff repair is indicated for significant tears that impair activities by causing weakness of the arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial thickness tears or smaller full thickness tears. Partial thickness and full thickness tears presenting primarily as impingement surgery is reserved for cases failing conservative therapy after 3 months. Surgery is not indicated for patients with mild symptoms and those whose activities are not limited. In addition, the Official Disability Guidelines note biceps tenodesis is recommended in patients over the age of 40. The guidelines recommend failure of conservative therapy including physical therapy and NSAIDs after 3 months. History and physical examinations and imaging should indicate pathology. The clinical documentation submitted indicated the injured worker to have continued pain and no progress in his right shoulder. However, there is no indication the injured worker had tried and failed on at least 3 months of physical therapy and NSAIDs. An official MRI corroborating the diagnosis warranting the surgery was not submitted for clinical review. Additionally, for biceps tenodesis, the guidelines recommend the injured worker to be over the age of 40; however, the injured worker is 37 years old. Therefore, the request is not medically necessary.

Associated surgical service: 7 days rental of cold therapy unit: 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: 1 assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: 12 post-operative physical therapy visits: 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.