

Case Number:	CM14-0165442		
Date Assigned:	10/10/2014	Date of Injury:	08/09/2012
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Surgery and is licensed to practice in California. 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:

This 52-year-old male sustained an industrial injury on 8/9/12. The mechanism of injury was not documented. The patient underwent right shoulder arthroscopy with rotator cuff repair on 1/24/13 and arthroscopic debridement of a SLAP tear and partial tear of the long head of the biceps on 12/31/13. Records indicated that the patient had persistent difficulty with bicipital and anterior shoulder pain with internal rotation in the post-operative rehabilitation period. He completed the full course of post-op physical therapy with functional improvement range of motion and strength. The 9/15/14 treating physician report cited persistent anterior bicipital and subscapularis area pain with any kind of forceful resisted elbow flexion or heavy lifting from the ground up. He no longer had pain at or above shoulder level or when reaching behind his back. He had a very sharp pain in the anterior aspect of the periacromial and/or long head of the biceps area with forceful supination, or heavy lifting with right elbow flexed. Physical exam documented smoother motion and was just limited in internal rotation to the lumbar spine. There was exquisite pain in the biceps groove and positive pain in this area with resisted forearm and elbow flexion. He had a positive liftoff test. There was no pain with resisted isolated supraspinatus and external rotation strength testing. The patient was status post right shoulder arthroscopy with rotator cuff repair of a high-grade partial thickness rotator cuff tear doing well clinically and status post right shoulder arthroscopy with debridement of a SLAP tear and partial tear of the long head of the biceps with persistent of biceps pain and possible associated subscapularis tear impairment. The treatment plan recommended open biceps tenodesis and possible subscapularis repair, if necessary. The 9/26/14 utilization review denied the right shoulder surgery and associated physical therapy request as there was no documentation of range of motion, imaging evidence of a surgical lesion, and no injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy open bicep tenodesis an if necessary subscapularis repair, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Biceps tenodesis, Surgery for rotator cuff repair

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines criteria for biceps tenodesis include 3 months of conservative treatment, Type II or Type III SLAP lesions, undergoing concomitant rotator cuff repair, age over 40, and history and physical exam and imaging indicate pathology. Guideline criteria have not been met. There is no post-operative imaging evidence of biceps, labral or subscapularis pathology documented. In the absence of imaging findings, the medical necessity of this request cannot be established. Therefore, this request is not medically necessary.

Post-operative physical therapy, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Treatment for the Shoulder

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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