

Case Number:	CM14-0180167		
Date Assigned:	11/04/2014	Date of Injury:	04/17/2013
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 Minnesota. 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 44 year old female farm laborer with a history of left shoulder injury on 4/17/2013. She developed shoulder pain and limitation of motion. An MRI scan of the shoulder performed on 5/14/2013 revealed a type II acromion, intact rotator cuff and muscles, intact biceps tendon, scar tissue in the rotator interval, thickening of the coracoacromial ligament, thickening and edema of the inferior glenohumeral capsule. These findings can be seen with adhesive capsulitis which was her likely diagnosis. There was no labral tear and no fluid in the subacromial or subdeltoid bursa. She was treated with medications, and a corticosteroid injection on 6/12/2014. No immediate response to the local anesthetic was documented. This was followed by 10 physical therapy sessions with improvement in the range of motion. On 9/10/2014 forward elevation was 125 degrees, external rotation 40 degrees, and internal rotation to mid lumbar area. She was tender over the biceps tendon and minimally tender over the acromioclavicular joint. No Neer's or Hawkin's impingement signs, Jobe's, or other rotator cuff signs are documented. A subacromial injection of local anesthetic to confirm the pain source is not documented. The MRI scan did not show acromioclavicular arthritis of the left shoulder. There was no evidence of a labral tear. The disputed issues include a request for subacromial decompression, possible distal clavicle excision, debridement, possible labral repair, possible rotator cuff repair, and possible biceps tenodesis. An assistant surgeon is also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial Decompression, Possible Distal Clavicle Excision, Debridement: 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: Diagnostic Arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, 213-214.

Decision rationale: The California MTUS guidelines recommend surgical considerations if there is 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 request as stated for subacromial decompression is not supported by clinical or imaging evidence of impingement. No diagnostic Lidocaine injection to distinguish pain sources in the shoulder area is documented. The MRI scan does not indicate evidence of rotator cuff tendinosis or tear. Only one injection of betamethasone is documented and the response is not known. Guidelines suggest 2-3 injections of corticosteroids over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. The request for lateral Claviclectomy is not supported by evidence of severe acromioclavicular arthritis. There is no labral tear documented on the MRI scan. The requested surgery is not supported by guidelines and as such is not medically necessary.

Assistant Surgeon: 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.

Left Shoulder Possible Labral Repair, Possible RCR, Possible Biceps: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, 213-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Diagnostic Arthroscopy

Decision rationale: The California MTUS guidelines do not recommend surgical considerations in the absence of a clear evidence of a lesion that is known to benefit both in the short and long term from surgical repair. In the absence of a labral tear or a rotator cuff tear on the MRI surgery is not medically necessary. The documentation does not support the criteria for a diagnostic arthroscopy. ODG guidelines indicate diagnostic arthroscopy when imaging is inconclusive and

conservative treatment fails to relieve acute pain or functional limitations. Medical necessity of the requested procedures is therefore not established per guidelines.

Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Biceps Tenodesis

Decision rationale: California MTUS does not address biceps tenodesis. ODG guidelines recommend biceps tenodesis as an option in patients with Type II and Type IV SLAP lesions or as part of a bigger procedure such as a rotator cuff repair in patients over 40. It may also be performed as an isolated procedure when supported by clinical and imaging pathology. The documents submitted do not support the need for a biceps tenodesis, particularly on the basis of the absence of such pathology on the imaging studies.