

Case Number:	CM14-0024036		
Date Assigned:	02/28/2014	Date of Injury:	08/18/2010
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 57-year-old male chemical operator sustained an industrial injury 8/18/10, relative to a trip and fall onto the left side of his body. He is status post left shoulder arthroscopic rotator cuff repair and decompression on 5/2/11, and left arthroscopic revision and decompression with rotator cuff repair on 7/12/12. The 1/10/14 treating physician progress report indicated that the patient went back to work and lifted a 5-gallon bucket with onset of pain in the left shoulder. Physical exam findings documented pain along the course of the long head of the biceps, pain with abduction and forward elevation, and crepitus with range of motion. The treating physician reported MRI findings showed the rotator cuff repair was holding. There was further degeneration of the labrum with arthrosis. There was tendinosis of the long head of the biceps, which was actually partially torn. There was a loose body in the glenohumeral joint. The treatment plan recommended left shoulder arthroscopic biceps tenodesis with removal of loose body. The 2/15/14 utilization review modified the request for left shoulder arthroscopic biceps tenodesis with removal loose body, and certified the surgery limited to left shoulder arthroscopic biceps tenodesis as there was no evidence of a loose body.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPIC BICEP TENODESIS, REMOVAL LOOSE BODY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 560-561.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder(updated 1/20/14), Surgery for Ruptured Biceps Tendon(at the Shoulder)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for ruptured biceps tendon (at the shoulder)

Decision rationale: Under consideration is a request for left shoulder arthroscopic bicep tenodesis, removal loose body. The California MTUS do not provide recommendations for chronic shoulder injuries. The Official Disability Guidelines state that consideration of biceps tenodesis should include evidence of an incomplete tear with associated subjective/objective clinical findings. Guideline criteria have been met. MRI findings documented biceps tendinosis with partial tear and a loose body in the glenohumeral joint. Left shoulder function is limited by pain, pain is noted along the long head of the biceps, and there is crepitus with range of motion. Therefore, this request for Left Shoulder Arthroscopic Bicep Tenodesis, Removal Loose Body is medically necessary.