

<b>Case Number:</b>	CM15-0007384		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 60-year-old male who reported an injury on 01/14/2004 due to an unspecified mechanism of injury. On 01/26/2015, he presented for a followup evaluation. He complained of spasm into the biceps and burning pain, and stated that Norflex helped with the spasms and helped him sleep at night. His medications included ibuprofen, Norco, and Norflex. A physical examination showed tenderness present at the biceps muscle, a positive Speed's and Yergason's, a positive Neer's and Hawkins sign, and 3/5 strength in the shoulder. It was stated that he could not touch his neck or back and forward flexion was to 110 degrees and placing the hand behind the neck required compensatory forward flexion of the neck. He was diagnosed with a biceps rupture and impingement syndrome. The treatment plan was for a left shoulder arthroscopy with biceps tenodesis and associated surgical ancillary services. The rationale for treatment was to alleviate the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder arthroscopy with 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), Indications for Surgery -- Ruptured biceps tendon surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210..

**Decision rationale:** The California ACOEM Guidelines indicate that a surgical consultation may be indicated for those who have red flag conditions, failure of conservative care, and for those who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The documentation provided does show that the injured worker is symptomatic regarding the left shoulder. However, imaging studies were not provided for review to validate that he has a deficit in the left biceps and support the requested arthroscopy. Also, there is a lack of documentation indicating that he has undergone recommended conservative treatment such as physical therapy and injections to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Associated surgical services: 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.

**Associated surgical services: shoulder brace with abduction pillow purchase: 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: cold therapy unit, purchase: 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.

**Post-op physical therapy 3 x 4 for the left shoulder:** 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.