

Case Number:	CM15-0016319		
Date Assigned:	02/04/2015	Date of Injury:	08/09/2011
Decision Date:	03/31/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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

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 64 year old female, who sustained an industrial injury on August 9, 2011. She has reported right shoulder injury. The diagnoses have included shoulder joint pain, bicipital tenosynovitis, and traumatic arthropathy of the shoulder. Treatment to date has included medications, and radiological imaging. Currently, the IW complains of pain in the right and left shoulders. Physical findings indicate tenderness over the acromion tendon, biceps tendon, and over the acromioclavicular joint. Speed test and impingement testing are positive. On December 31, 2014, Utilization Review non-certified biceps tendon resection coracoplasty, and right shoulder arthroscopy subacromial decompression mumford procedure, based on ODG guidelines. On January 26, 2015, the injured worker submitted an application for IMR for review of biceps tendon resection coracoplasty, and right shoulder arthroscopy subacromial decompression mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biceps Tendon Resection Coracoplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Chapter: Shoulder Diagnostic arthroscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoudler, Criteria for tenodesis of long head of biceps

Decision rationale: CA MTUS/ACOEM is silent on the issue of biceps tenodesis. According to the Official Disability Guidelines, Criteria for tenodesis of long head of biceps include subjective clinical findings including objective clinical findings. In addition there should be imaging findings. Criteria for tenodesis of long head of biceps include a diagnosis of complete tear of the proximal biceps tendon. In this case there is no recent MRI of the shoulder to demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore the determination is for non-certification.

Right Shoulder Arthroscopy Subacromial Decompression Mumford Procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Chapter: Shoulder Diagnostic arthroscopy

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

Decision rationale: Based upon the CA MTUS Shoulder Chapter. Pgs 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care which is not present in the exam note from 3/21/14. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case there is no MRI recently performed of the shoulder to demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the determination is for non-certification.