

Case Number:	CM15-0017692		
Date Assigned:	02/05/2015	Date of Injury:	07/29/2014
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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: Illinois, California, Texas
 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 61 year old male who sustained an industrial injury on July 29, 2014. The mechanism of injury was documented as a trip and fall. The 11/24/14 left shoulder MRI impression documented partial thickness tearing of the subscapularis tendon and significant tendinopathy of the long head biceps tendon. There was minimal partial subluxation of the long head biceps tendon. There was minimal inferior offset of the acromion relative to the clavicle which may cause anatomic impingement. Conservative treatment included anti-inflammatory medications, home exercise, physical therapy, and activity modification. The 12/23/14 treating physician report cited persistent left shoulder discomfort with all types of reaching activities and at night. Physical exam documented full overhead range of motion, mildly positive impingement sign, positive belly press and subscapularis lift off tests, positive Speed's test, and tenderness in the biceps groove. MRI was remarkable for type 3 acromion with an anterodistal spike. There as a partial upper subscapularis tear with subluxation of the biceps tendon at that point. The diagnosis was left shoulder partial subscapularis tear and biceps pulley rupture after a fall. The treatment plan recommended arthroscopic evaluation with acromioplasty and evaluation of the subscapularis and biceps with probable biceps tenodesis. On January 13, 2015 Utilization Review non certified 1 left shoulder arthroscopy with acromioplasty and open subscapularis repair biceps tenodesis due to lack of 3 to 5 months of conservative treatment, including corticosteroid injections, citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Shoulder Arthroscopy with Acromioplasty and Open Subscapularis Repair Biceps Tenodesis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Shoulder: Surgery for impingement syndrome; Surgery for rotator cuff repair; Biceps tenodesis

Decision rationale: The California MTUS guidelines provide a general recommendation for rotator cuff and impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines indicate that a biceps tenodesis may be performed for patients undergoing concomitant rotator cuff repair, or for biceps tendonitis or SLAP tears. Criteria indicate that history, physical exams, and imaging should indicate pathology but state that definite diagnosis of SLAP lesions is generally diagnostic arthroscopy. Guideline criteria have been met. This patient presented with a 5-month history of persistent left shoulder pain after a fall. Clinical exam and imaging findings were consistent with rotator cuff and biceps pathology. There was imaging evidence of impingement. Detailed evidence of over 3 months of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.