

<b>Case Number:</b>	CM15-0115501		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Minnesota, Florida  
 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 54-year-old male with the chief complaint of left shoulder pain. The date of injury was 2/3/2014. He underwent surgery in October 2014. The procedure performed was for adhesive capsulitis, shoulder impingement and distal clavicle osteoarthritis. It consisted of a circumferential capsular release, extensive debridement of the rotator cuff and labrum, and left shoulder partial synovectomy and subacromial decompression with distal clavicle resection. The operative report indicates that the biceps tendon and biceps anchor were normal. Postoperatively he moved to [REDACTED]. He was concerned about continued intermittent shoulder pain. The shoulder was injected with corticosteroids into the subacromial space on 2/15/2015. Office notes dated 5/14/2015 indicate a follow-up evaluation for continued complaint of left shoulder pain. There was some improvement from a prior injection of 4/30/2015 into the biceps sheath with subsequent recurrence of symptoms. The shoulder pain was anterior and essentially in line with the long head of biceps. There was an equivocal Hawkins and equivocal Neer's. Arthroscopic evaluation of the shoulder was suggested with possible biceps tenotomy. Although physical therapy has been documented, the medical records do not include an MRI scan or MR arthrogram indicating the diagnosis for which surgical intervention is requested. The biceps tendon was normal at the time of the previous surgery and so imaging evidence of a problem pertaining to the biceps tendon or a Type II or Type IV SLAP will be necessary prior to the revision surgery. UR noncertified the surgical request for lack of conservative treatment using CA MTUS guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left shoulder arthroscopy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Diagnostic Arthroscopy.

**Decision rationale:** With regard to the request for diagnostic arthroscopy, ODG guidelines indicate that most orthopedic surgeons can determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitations continue despite conservative care. The documentation provided does not include any imaging studies such as MRI scan or MR arthrogram. As such, the request for diagnostic arthroscopy is not supported and the medical necessity of the request has not been substantiated.

### **Diagnostic examination under anesthesia:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Diagnostic Arthroscopy.

**Decision rationale:** With regard to the request for diagnostic examination under anesthesia, ODG guidelines indicate that most orthopedic surgeons can determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitations continue despite conservative care. The documentation provided does not include any imaging studies such as MRI scan or MR arthrogram. As such, the request for diagnostic examination under anesthesia is not supported and the medical necessity of the request has not been substantiated.

### **Possible bicep tenotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Biceps tenodesis.

**Decision rationale:** ODG guidelines recommend biceps tenodesis as an option for type II or type IV SLAP lesions in patients over 40 years of age. The procedure is performed for treatment of biceps tendinitis of the shoulder. The practice trends indicate that the proportion of SLAP repairs has decreased over time with an increase in biceps tenodesis and tenotomy. The criteria for surgery for biceps tenodesis include 3 months of conservative treatment with NSAIDs and physical therapy, type II lesions, type IV lesions, history and physical examination and imaging indicate pathology, definitive diagnosis of SLAP lesions at the time of arthroscopy, and age over 40. In this case, the prior arthroscopy did not reveal any problem with the biceps tendon. There is no imaging evidence of a type II or type IV SLAP lesion or biceps tendinitis. As such biceps tenodesis or tenotomy is not supported by guidelines and the medical necessity of the request has not been substantiated.

**Physical therapy (unspecified duration):** 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.