

Case Number:	CM15-0126417		
Date Assigned:	07/10/2015	Date of Injury:	12/24/1996
Decision Date:	09/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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: Montana, Oregon, Idaho

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 (IW) is a 51-year-old male who sustained an industrial injury on 12/24/1996. Diagnoses include rotator cuff tear non-traumatic, right; bicipital tenosynovitis with medial subluxation of the biceps, right; and impingement syndrome status post right shoulder arthroscopic acromioplasty and distal claviclectomy (2006). Treatment to date has included medications, surgery and activity modification. MRI of the right shoulder from 5/28/15 showed severe tendinosis with moderate grade tear of the subscapularis tendon; moderate tendinosis with focal high-grade, possibly full-thickness tear, of the supraspinatus tendon; tendinosis with low-grade insertional tearing of the infraspinatus tendon; and tendinosis, without tear, and medial subluxation of the intra-articular portion of the long head of the biceps tendon. According to the progress notes dated 5/29/15, the IW reported constant, severe, sharp, stabbing pain in the right shoulder, with radiation to the head, neck and upper arm. Use of the extremity aggravated the pain. Associated symptoms included popping and grinding. On examination, the right shoulder was tender to palpation over the anterior region, including the acromioclavicular (AC) joint, the bicipital groove and the trapezial area. Spasms, swelling and trapezial tightness was noted. Range of motion was: flexion 59 degrees, extension 35 degrees and abduction 80 degrees. Internal and external rotation were too painful to perform; painful arc of motion. Deltoid strength was 5/5 and tendon testing was negative. Sensation was intact. Positive testing included O'Brien's, speed's, Yergason and dynamic compression shear tests. Impingement and stability testing was negative. A request was made for arthroscopic versus open rotator cuff repair and biceps tenodesis, right shoulder; post-op physical therapy, 12 visits, right shoulder; purchase of

pain pump; purchase of cold therapy (water circulating cold pad with pump); Continuous Passive Motion (CPM) rental for 21 days; and purchase of abduction brace per 05/29/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic vs open rotator cuff repair and biceps tenodesis, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209 and 210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. 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 an incomplete tear of the proximal biceps tendon. In this case, the physical exam from 5/21/15 does not demonstrate pain relief from anesthetic injection. The MRI from 5/28/15 does not demonstrate an incomplete tear of the biceps tendon. Therefore the request is not medically necessary for the requested procedure.

Post-op physical therapy, 12 visits, right 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.

Associated surgical service: purchase of pain pump: 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: purchase of cold therapy: Continuous Passive Motion (CPM) rental for 21 days: 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: purchase of abduction brace: 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: purchase of water circulating cold pad with pump: 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.