

<b>Case Number:</b>	CM15-0179637		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, Indiana, Oregon  
 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:

This is a 44-year-old male worker with a date of injury 2-3-2012. The medical records indicated the patient was treated for right shoulder rotator cuff tear. In the 8-6-15 progress notes, he was seen for right shoulder rotator cuff tear. Subjective findings were not documented. Objective findings on 8-6-15 included right shoulder range of motion: 140 degrees elevation, 50 degrees external rotation, internal rotation L2 and abduction 50 degrees. Manual muscle testing was 5 out of 5 for anterior and mid deltoid, biceps and triceps and internal and external rotators. Supraspinatus was 4 out of 5. Neer and Hawkins tests were positive bilaterally, greater on the right. Treatments included bilateral shoulder injections and 18 sessions of physical therapy. Right shoulder MRI on 4-4-12 showed a full-thickness tear of the distal supraspinatus tendon and possible small SLAP tear. The treatment plan included right shoulder surgery. The patient was working modified duty. A Request for Authorization was received for right shoulder arthroscopic rotator cuff repair, acromioplasty, Mumford procedure, SLAP debridement, open biceps tenodesis, service in an outpatient facility, assistant surgeon services and post-operative physical therapy visits (unknown quantity). The Utilization Review on 8-13-15 non-certified the request for right shoulder arthroscopic rotator cuff repair, acromioplasty, Mumford procedure, SLAP debridement, open biceps tenodesis as the documentation did not support significant functional limitations were present to warrant the surgery; the associated services were not indicated and were therefore non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Arthroscopic Rotator Cuff Repair, Acromioplasty, Mumford Procedure, SLAP Debridement, Open Biceps Tenodesis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**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 and failure of 3 months of physical therapy. Criteria for tenodesis of long head of biceps include a diagnosis of complete tear of the proximal biceps tendon. In this case the MRI does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant tenodesis. Therefore the request is not medically necessary.

**Associated Surgery Services: Outpatient facility: 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) Hospital length of stay (LOS) guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated Surgery Services: Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS): <http://www.cms.gov/apps/physicians-fee-schedule/overview.aspx>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-operative Unknown Physical Therapy visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.