

Case Number:	CM15-0048871		
Date Assigned:	03/20/2015	Date of Injury:	05/19/2012
Decision Date:	06/03/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 34 year old female, who sustained an industrial injury, May 09, 2012. The injured worker previously received the following treatments left shoulder surgery on March 5, 2013. The injured worker was diagnosed with persistent bicipital tenosynovitis of the left shoulder. According to progress note of March 11, 2015, the injured workers chief complaint was left shoulder pain. The injured worker remained symptomatic with frequent to intermittent moderate to moderately severe pain. The injured worker is interested in proceeding with surgery at this time. The physical exam noted mild tenderness of the AC joint. There was mild pain with the cross body abduction. There was tenderness of the bicipital groove. Apprehension was positive. There was positive impingement sign with both Hawkin's and Neer's, localizing over the biceps tendon. There was decreased range of motion. The treatment plan included a request for arthroscopic biceps tenodesis of the left shoulder, preoperative clearance, postoperative physical therapy; cold therapy times 7 day rental and shoulder sling shot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic biceps tenodesis of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder (Acute and chronic) / Biceps tenodesis.

Decision rationale: Per the MTUS, "Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair; Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms." Per the ODG, "Criteria for Surgery for Biceps tenodesis: After 3 months of conservative treatment (NSAIDs, PT); Type II lesions (fraying and degeneration of the superior labrum, normal biceps, no detachment); Type IV lesions (more than 50% of the tendon is involved, vertical tear, bucket-handle tear of the superior labrum, which extends into biceps, intrasubstance tear); Generally, type I and type III lesions do not need any treatment or are debrided; Also patients undergoing concomitant rotator cuff repair; History and physical examinations and imaging indicate pathology; Definitive diagnosis of SLAP lesions is diagnostic arthroscopy; Age over 40 (otherwise consider SLAP repair)." A review of the injured workers medical records that are available to me indicate that she has already undergone left shoulder diagnostic and therapeutic arthroscopy with persistent symptoms the origin of which are not clear, even though she appeared to have 100% relief from anesthetic injection of the glenohumeral joint this does not constitute definitive diagnosis and there is no documentation that she has failed all conservative therapy specifically targeting her biceps tendon and therefore the request for Arthroscopic biceps tenodesis of the left shoulder is not medically necessary at this time.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS, "Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair; Surgical considerations depend on the working or imaging-confirmed

diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms." A review of the injured workers medical records that are available to me indicate that she has already undergone left shoulder diagnostic and therapeutic arthroscopy with persistent symptoms the origin of which are not clear, even though she appeared to have 100% relief from anesthetic injection of the gleno-humeral joint this does not constitute definitive diagnosis and there is no documentation that she has failed all conservative therapy specifically targeting her biceps tendon and therefore the request for Arthroscopic biceps tenodesis of the left shoulder and the associated request for Pre-operative clearance is also not medically necessary.

Twelve sessions of post-operative physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS, "Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, gleno-humeral joint dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair; Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms." A review of the injured workers medical records that are available to me indicate that she has already undergone left shoulder diagnostic and therapeutic arthroscopy with persistent symptoms the origin of which are not clear, even though she appeared to have 100% relief from anesthetic injection of the gleno-humeral joint this does not constitute definitive diagnosis and there is no documentation that she has failed all conservative therapy specifically targeting her biceps tendon. The request for Arthroscopic biceps tenodesis of the left shoulder is not medically necessary at this time and therefore the associated request for twelve sessions of post-operative physical therapy is not medically necessary.

Seven day cold therapy unit rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS, "Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, gleno-humeral joint dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair; Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms." A review of the injured workers medical records that are available to me indicate that she has already undergone left shoulder diagnostic and therapeutic arthroscopy with persistent symptoms the origin of which are not clear, even though she appeared to have 100% relief from anesthetic injection of the gleno-humeral joint this does not constitute definitive diagnosis and there is no documentation that she has failed all conservative therapy specifically targeting her biceps tendon. The request for Arthroscopic biceps tenodesis of the left shoulder and the associated request for Seven day cold therapy unit rental is not medically necessary.

Shoulder sling shot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS, "Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, gleno-humeral joint dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair; Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms." A review of the injured workers medical records that are available to me indicate that she has already undergone left shoulder diagnostic and therapeutic arthroscopy with persistent symptoms the origin of which are not clear, even though she appeared to have 100% relief from anesthetic injection of the gleno-humeral joint this does not constitute definitive diagnosis and there is no documentation that she has failed all conservative therapy specifically targeting her biceps tendon. The request for Arthroscopic biceps tenodesis of the left shoulder and the associated request for shoulder sling is not medically necessary.