

Case Number:	CM15-0062469		
Date Assigned:	04/08/2015	Date of Injury:	05/07/2013
Decision Date:	06/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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
Certification(s)/Specialty: Orthopedic Surgery, Sports 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 is a 43 year old male, who sustained an industrial injury on 05/07/2013. He reported complaints of a pulling sensation to the left shoulder after lifting a heavy object at work. The injured worker was diagnosed as having status post right shoulder surgery on 11/28/2013, with continued right shoulder pain, adhesive capsulitis along with symptoms of superior labrum anterior and posterior lesion of the right shoulder. Treatment to date has included right shoulder arthrography, magnetic resonance imaging arthrogram of the right shoulder, home exercise program, medication regimen, physical therapy, and status post arthroscopic surgery to the right shoulder. In a progress note dated 02/06/2015 the treating physician reports continued discomfort to the shoulder with positive impingement maneuvers, positive O'Brien's maneuvers, and tenderness over the biceps anteriorly, and pain with speed maneuver. The injured worker underwent a fluoroscopic right shoulder arthrography procedure on 03/09/2015 which revealed biceps long head tendon distal to the bicipital groove showed a longitudinal interstitial tear. The biceps longhead tendon at the level of the bicipital groove was draped over the lateral margins of the lesser tuberosity. It was opined this could represent a biceps pulley injury. The supraspinatus and infraspinatus tendon revealed moderate tendinopathy. There was no evidence of rotator cuff tendon tears. There was no evidence of contrast cleft labral tears. There was no definite evidence of adhesive capsulitis by MRI or injection. The humeral head appeared mildly and posteriorly subluxed in relation to the glenoid. This could be related to positioning and joint space distention with contrast. However the request was made for clinical correlation with any signs or symptoms of instability. The injured worker underwent x-rays of the right shoulder on 01/23/2015 which were noted to be normal and without degenerative changes. There was a Request for Authorization dated 03/16/2015 included a requested for arthroscopy with intra- articular debridement, arthroscopic biceps

tenotomy and open sub pectoral biceps tenodesis, subacromial decompression of the right shoulder, use of an Ultra Sling, laboratory studies of a complete blood count (CBC) and a chemistry-7, and post-operative physical therapy twice weekly for six weeks, but the documentation provided did not include the specific reason for these requested treatments. The documentation of 03/31/2015 revealed the injured worker had an MRI arthrogram of the right shoulder and consulted an orthopedic surgeon. The injured worker was noted to be contemplating surgery. The diagnoses included right shoulder pain, status post right shoulder arthroscopic surgery 11/08/2013, and insulin dependent diabetes. The injured worker was noted to remain symptomatic over the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with Intra-Articular Debridement, Arthroscopic Biceps Tenotomy and open Subpectoral Biceps Tenodesis and revision Arthroscopic Subacromial Decompression, 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 Page(s): 210-211.

Decision rationale: The ACOEM guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review indicated the injured worker had undergone physical medicine treatment. There was a lack of documentation of the duration of conservative care. There were objective findings indicating the injured worker had positive impingement. There was tenderness over the biceps anteriorly. The O'Brian's maneuver was positive and the Speed's maneuver produced pain. There was a lack of documentation of exceptional factors to warrant no adherence to guideline recommendations. There was a lack of documentation indicating the injured worker had MRI findings to support the necessity for a subacromial decompression. Given the above, the request for arthroscopy with intra-articular debridement, arthroscopic biceps tenotomy and open subpectoral biceps tenodesis and revision arthroscopic subacromial decompression, right shoulder is not medically necessary.

Post-Operative Ultra Sling, right shoulder, per 3/16/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

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.

Pre-Operative lab work to include CBC, CHEM-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Preoperative lab testing.

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.

Post-Operative Physical Therapy, twice weekly for 6 weeks, 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.