

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 11/6/2013
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0009304

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left arm os acromiale removal is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **biceps tendon tenodesis is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left arm os acromiale removal** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **biceps tendon tenodesis** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 58 year old, right hand dominant male who developed left shoulder pain when a jackhammer he was using slipped downward pulling his arm down on November 6, 2012. Dr. [REDACTED] saw the claimant on December 13, 2012 and recommended non-operative care unless there was a rotator cuff tear on the MRI. X-rays of the left shoulder on January 16, 2013 were normal without fracture or dislocation. An MR arthrogram of the left shoulder on January 22, 2013 revealed a ruptured tendon of the long head of the biceps. There was an os acromiale with minimal degenerative change, but no significant hypertrophy or narrowing of the coracoacromial arch. There was no rotator cuff tear or tendinosis. Dr. [REDACTED] saw the claimant on February 12, 2013 recommending non-operative treatment and if he had ongoing significant pain in six weeks could consider surgery. The claimant was treated by Dr. [REDACTED]'s PA [REDACTED] on July 17 and 31, 2013 for ongoing left shoulder pain aggravated by grasping, pulling, reaching, lifting overhead. He had occasional nocturnal pain. Treatments included modified activity. Dr. [REDACTED] denied the request for left arm os acromiale removal and biceps tendon tenodesis on July 24, 2013, with the review stating that os acromiale was an anatomical variant and not usually associated with any symptoms. He had clinical findings of a popeye deformity and subjective reports of cramping. It was indicated that repair of proximal biceps tendon after six months is often unsuccessful. It was also noted that the symptoms described were mild without actual functional or activities of daily deficits described.

Dr. [REDACTED]'s August 28, 2013 examination of the left shoulder showed a popeye muscle left biceps, tenderness to palpation of the left lateral tip of the shoulder, biceps tendon and anterior shoulder and limited motion. There was tenderness of the left biceps tendon. Strength of the left biceps was 4/5. Dr. [REDACTED] reviewed the January

22, 2013 left shoulder MRI to show a rupture tendon of the long head of the biceps, os acromiale with minimal degenerative change, but no significant hypertrophy or narrowing of the coracoacromial arch and no rotator cuff tear or tendinosis. A traumatic rupture of the biceps tendon and arthralgia of the upper arm were diagnosed. Continuation of home exercises and modified duty and await for an appeal decision regarding surgery were recommended. Dr. [REDACTED]'s August 26, 2013 review denied the requested second opinion and surgery. The reason for the denial of the surgery was not clear.

Dr. [REDACTED] saw the claimant on August 29, 2013 noting intermittent cramping of the left arm when attempting to work and cramping with overhead reaching, pushing and pulling. There was no change on exam and he had a positive impingement sign. A left shoulder long head of the biceps tendon rupture and os acromiale was diagnosed. Dr. [REDACTED] stated that based on the injury, the fibrous union at the os acromiale may have loosened causing chronic pain and impingement. A subacromial injection was given that day and continued limited work advised. He was to return in six weeks for the results of the injection, but requested that if it had not improved he be able to undergo open subacromial decompression left shoulder and excision of os acromiale fragment. Conservative care included therapy, home exercises, activity modification and the August 29 subacromial injection.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for left arm os acromiale removal:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, page 209, which is a part of MTUS, and the Official Disability Guidelines, Indications for Surgery-Acromioplasty, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9, page 207-211, which is a part of MTUS, and the Official Disability Guidelines, Indications for Surgery-Acromioplasty, which is not a part of MTUS.

Rationale for the Decision:

The review of the medical records submitted documented the MRI in this case as revealing a rupture at the long head of the biceps as well as in the os acromiale—a very frequently seen issue. Surgery has not been recommended by other care providers. It would be important to note that the MR arthrogram did not

reveal significant narrowing of the coracoacromial arch to suggest that this is contributing to significant impingement. **The request for the os acromiale removal is not medically necessary and appropriate.**

2) Regarding the request for biceps tendon tenodesis:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Indications for Surgery, Ruptured Biceps Tendon, which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Shoulder Chapter, Ruptured Biceps Tendon Surgery.

Rationale for the Decision:

Official Disability Guidelines contain references of proximal biceps surgeries. Tenodesis for the long head can be useful if there is an incomplete tear or fraying. However, this is a complete tear for which surgery would almost never be considered. The records presented for review would not support the performance of biceps tenodesis in this case. **The request for biceps tendon tenodesis is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.