

Case Number:	CM14-0146474		
Date Assigned:	09/12/2014	Date of Injury:	02/13/2014
Decision Date:	10/22/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Spine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has chronic right shoulder pain. He has a date of injury of February 13, 2014. Physical examination the right shoulder shows tenderness over the a.c. joint. This positive Neer Hawkins sign. There is decreased range of motion of the right shoulder. The patient has had physical therapy for the shoulder. Patient has had a cortisone injection without relief. At issue is whether shoulder surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible biceps tenodesis for the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter, ODG shoulder pain chapter

Decision rationale: This patient does not meet criteria for biceps tenodesis surgery. Specifically the medical records do not show MRI evidence of the right shoulder demonstrating biceps tear. There is no documentation specific pathology of the biceps tendon. Medical records do not support the need for biceps tenodesis surgery.

