

Case Number:	CM13-0002123		
Date Assigned:	03/07/2014	Date of Injury:	02/05/2013
Decision Date:	04/07/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/19/2013

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 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:

This 42-year-old male [REDACTED] delivery driver sustained a right shoulder injury on 2/5/13, sliding a package on a shelf when it hit a support rail and came to an abrupt halt. The 2/6/13 right shoulder x-ray documented mild degenerative AC joint arthritis. The 4/10/13 right shoulder MRI showed a partial thickness articular surface tear at the anterior insertion of the supraspinatus tendon, mild to moderate subscapularis tendinosis, and moderate to severe changes of the right acromioclavicular joint. The 5/2/13 initial orthopedic consult report documented prior medication management and exercise for this injury. Slight to moderate right shoulder pain was reported to be localized at the shoulder joint. Exam findings documented full right shoulder range of motion with pain, normal strength with pain, and global shoulder tenderness. The patient had tried physical therapy and anti-inflammatory medication with continued pain. The orthopedist recommended an arthroscopic right shoulder evaluation given the failure of medications and exercise. The patient was working light duty status. The diagnosis was right shoulder pain and right shoulder partial rotator cuff tear. Treating physician reports from 6/6/13 to 8/22/13 do not document any significant change in clinical presentation or evidence of additional conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY OF SHOULDER, DIAGNOSTIC WITH SYNOVIAL BIOPSY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Diagnostic arthroscopy.

Decision rationale: The request under consideration is for a diagnostic arthroscopy of the shoulder with synovial biopsy. The California MTUS guidelines do not address surgical intervention for chronic injuries. The Official Disability Guidelines recommend shoulder arthroscopy for diagnostic purposes when imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Guideline indications for rotator cuff repairs include patients who fail 3 to 6 months of conservative treatment and have pain with active arc of motion 90-130 degrees, pain at night, weakness or absent abduction or atrophy, rotator cuff tenderness, positive impingement sign with diagnostic injection test, and positive MRI evidence of rotator cuff deficit. There is MRI evidence of a right shoulder partial thickness rotator cuff tear. The patient presents with full range of motion, normal strength, and no evidence of a positive impingement or diagnostic (and potentially therapeutic) injection test/trial. There is no evidence that comprehensive conservative treatment, including injection and physical therapy, has been tried (for at least 3 months) and failed. Guideline criteria have not been met for diagnostic arthroscopy with synovial biopsy or for surgical repair of the rotator cuff. Therefore, diagnostic arthroscopy of the shoulder with synovial biopsy is not medically necessary.

ARTHROSCOPY OF SHOULDER, DIAGNOSTIC WITHOUT SYNOVIAL BIOPSY:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Diagnostic arthroscopy.

Decision rationale: The request under consideration is for a diagnostic arthroscopy of the shoulder without synovial biopsy. The California MTUS guidelines do not address surgical intervention for chronic injuries. The Official Disability Guidelines recommend shoulder arthroscopy for diagnostic purposes when imaging is inconclusive and acute pain or functional limitation continues despite conservative care. There is MRI evidence of a right shoulder partial thickness rotator cuff tear that the treating physician has accepted as his treating diagnosis. There is no evidence that comprehensive conservative treatment has been tried and failed for at least 3 months. Guideline criteria have not been met for diagnostic arthroscopy. Therefore, diagnostic arthroscopy of the shoulder without synovial biopsy is not medically necessary.