

Case Number:	CM13-0006287		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2012
Decision Date:	02/13/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 applicant is a 50 year old patient with an industrial injury on 04/25/12 with left shoulder pain. Additionally, there was a single page of physical therapy notes that was documented on 5/17/2013 that demonstrates tenderness to palpation over the left shoulder and full range of motion in the left shoulder. A left subacromial injection was given to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with debridement: 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: Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulders 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. 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 range of motion 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 For postsurgical rehabilitation, key indicators for further assessment and treatment include: - Prolonged course - Multiple surgical procedures - Use of narcotic medications There is no documentation of conservative treatment being considered first. Furthermore, there is no documentation of response to the subacromial injection. Therefore, the determination is non-certification.

Subacromial decompression: 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: According to the Official ODG regarding subacromial decompression (acromioplasty), indications for Surgery -- Acromioplasty: Criteria for anterior acromioplasty with diagnosis of acromial impingement syndrome (80% of these patients will get better without surgery) are: 1). Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full range of motion, which requires both stretching and strengthening to balance the musculature. 2). Subjective Clinical Findings: Pain with active arc motion of 90 to 130 degrees and pain at night. 3). Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. And Tenderness over rotator cuff or anterior acromial area positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). 4). Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. And Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of impingement. Based upon the lack of documentation of the above criterion, the determination is non-certification of subacromial decompression.

Possible rotator cuff tear repair and manipulation under anesthesia: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Per ODG, "Indications for Surgery -- Rotator cuff repair: Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear AND Cervical pathology and frozen shoulder syndrome have been ruled out: 1). Subjective Clinical Findings: Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. 2). Objective Clinical Findings: Patient may have weakness with abduction testing. May also

demonstrate atrophy of shoulder musculature. Usually has full passive range of motion. 3). Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary views. And Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff. " In addition, the criterion for "rotator cuff repair or anterior acromioplasty with diagnosis of partial thickness rotator cuff repair or acromial impingement syndrome (80% of these patients will get better without surgery) are: 1). Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full range of motion, which requires both stretching and strengthening to balance the musculature. 2). Subjective Clinical Findings: Pain with active arc motion of 90 to 130 degrees and pain at night (Tenderness over the greater tuberosity is common in acute cases). 3). Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy, tenderness over rotator cuff or anterior acromial area, positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). 4). Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view, gadolinium MRI, ultrasound, or arthrogram and shows positive evidence of deficit in rotator cuff." Based upon the lack of documentation of the above criterion, the determination is non-certification for manipulation under anesthesia and rotator cuff repair.