

Case Number:	CM13-0024732		
Date Assigned:	11/20/2013	Date of Injury:	09/16/2006
Decision Date:	01/13/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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.

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 is a 45-year-old gentleman who sustained injuries to his right upper extremity on 09/16/06. Clinical records for review included a recent 08/19/13 assessment with [REDACTED] citing continued complaints of pain about the right shoulder. He states that the injury occurred bilaterally as well as to the neck. It states that he has had "a number of surgeries on the left shoulder". However the right shoulder is now more bothersome. His physical examination showed the right shoulder to be with supraspinatus strength at 4/5 with pain with rotator cuff testing, reproducing his typical symptoms. It is documented that conservative care to the shoulder has included a previous subacromial injection, medication management, and activity restrictions. A formal report of imaging is unavailable for review however the treating physician states that the February 2013 MRI showed tendinosis to the supraspinatus with "very mild" AC joint changes with no definitive full thickness pathology. Surgical intervention in regard to the shoulder in the form of an arthroscopy, subacromial decompression, and rotator cuff debridement versus repair was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: CA MTUS ACOEM states, "Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery". Based on California MTUS ACOEM Guidelines, shoulder arthroscopy would appear to be medically necessary. The claimant continues to be symptomatic with findings of impingement, for which treating physician notes documented tendinosis on recent imaging. There is documentation of prior corticosteroid injection and symptoms lasting three to six months. The role of intervention at this stage in the clinical course would be supported as medically necessary.

Rotator cuff debridement: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: CA MTUS states, "For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months". Based on California MTUS ACOEM Guidelines, debridement of the rotator cuff also would be indicated. The claimant is noted to be with positive impingement findings on examination and tendinopathy findings on imaging. Potential need for debridement of the rotator cuff based on intraoperative findings would appear to be medically necessary.

Subacromial decompression: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery". Based on California MTUS ACOEM Guidelines, subacromial decompression also in this case would be indicated. Subacromial decompression is treatment of choice for continued impingement, failing conservative care including injection therapy. The claimant meets clinical criteria for the proposed procedure in question.

Possible rotator cuff repair: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: Based on California ACOEM Guidelines, rotator cuff repair would not be indicated in this case. Clinical imaging does not indicate full thickness rotator cuff pathology. The need for operative intervention to include rotator cuff repair in this case would not be supported as medically necessary. If at the time of surgery, there was rotator cuff pathology an intraoperative decision for repair would have to be made.