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| Case Number: | CM13-0046334 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/01/2010 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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:

According to the records made available for review, this is a 54-year-old female with a 7/1/10 date of injury, status post right shoulder arthroscopy on 8/15/12, and status post left shoulder arthroscopy on 12/13/10. At the time (6/25/13) of request for authorization for bilateral shoulder arthroscopy and rotator cuff repair, and subacromial decompression and exploration of the acromioclavicular joint, there is documentation of subjective (persistent discomfort at both shoulders with stiffness, swelling, weak feeling, giving way sensation, clicking and popping, and difficulty with overhead movements and performing activities of daily living) and objective (positive impingement test bilaterally, generalized tenderness to palpation of the left shoulder, subacromial tenderness to palpation of the right shoulder, and decreased range of motion of both shoulders; right/left abduction 90/95, right/left internal rotation 55/65, right/left external rotation 15/12, and right/left extension 5/5) findings, imaging findings (MRI of the right shoulder (5/23/12) report revealed evidence of impingement and tear of the supraspinatus tendon; MRI of the left shoulder (12/23/11) report revealed evidence of surgery with two bone anchors on the lateral aspect of the humerus and under the greater trochanter, and a recurrent tear of the supraspinatus tendon), current diagnoses (impingement and rotator cuff tear at both shoulders), and treatment to date (medications, physical therapy, and chiropractic care). There is no documentation of subjective findings (pain with active arc motion 90 to 130 degrees and pain at night), objective findings (weak or absent abduction), post right shoulder arthroscopy on 8/15/12 imaging findings, and failure of additional conservative therapy for three months (cortisone injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SHOULDER ARTHROSCOPY AND ROTATOR CUFF REPAIR: 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): 209-211.

Decision rationale: MTUS reference to ACOEM identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of rotator cuff repair. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); and imaging clinical findings: conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of rotator cuff repair. Within the medical information available for review, there is documentation of diagnoses of impingement and rotator cuff tear at both shoulders. In addition, there is documentation of failure of 3-6 months of conservative treatment (medications, physical therapy, and chiropractic care), subjective findings (persistent discomfort at both shoulders with stiffness, swelling, weak feeling, giving way sensation, clicking and popping, and difficulty with overhead movements and performing activities of daily living), objective findings (positive impingement sign bilaterally, generalized tenderness to palpation of the left shoulder, subacromial tenderness to palpation of the right shoulder, and decreased range of motion of both shoulders), and imaging findings (positive evidence of deficit in rotator cuff) left shoulder. However, despite documentation of subjective findings (persistent discomfort at both shoulders and difficulty with overhead movements), there is no (clear) documentation of subjective findings (pain with active arc motion 90 to 130 degrees and pain at night). In addition, there is no documentation of additional objective findings (weak or absent abduction) and failure of additional conservative therapy for three months (cortisone injections). Furthermore, given documentation that MRI of the right shoulder (5/23/12) precedes the right shoulder arthroscopy on 8/15/12, there is no documentation of post right shoulder arthroscopy imaging findings. Therefore, based on guidelines and a review of the evidence, the request for bilateral shoulder arthroscopy and rotator cuff repair is not medically necessary.

SUBACROMIAL DECOMPRESSION AND EXPLORATION OF THE ACROMIOCLAVICULAR JOINT: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for impingement syndrome.

Decision rationale: MTUS reference to ACOEM identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of impingement, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of impingement and rotator cuff tear at both shoulders. In addition, there is documentation of failure of 3-6 months of conservative treatment (medications, physical therapy, and chiropractic care), subjective findings (persistent discomfort at both shoulders with stiffness, swelling, weak feeling, giving way sensation, clicking and popping, and difficulty with overhead movements and performing activities of daily living), objective findings (positive impingement sign bilaterally, generalized tenderness to palpation of the left shoulder, subacromial tenderness to palpation of the right shoulder, and decreased range of motion of both shoulders), and imaging findings (positive evidence of deficit in rotator cuff) left shoulder. However, despite documentation of subjective findings (persistent discomfort at both shoulders and difficulty with overhead movements), there is no (clear) documentation of subjective findings (pain with active arc motion 90 to 130 degrees and pain at night). In addition, there is no documentation of additional objective findings (weak or absent abduction) and failure of additional conservative therapy for three months (cortisone injections). Furthermore, given documentation that MRI of the right shoulder (5/23/12) precedes the right shoulder arthroscopy on 8/15/12, there is no documentation of post right shoulder arthroscopy imaging findings. Therefore, based on guidelines and a review of the evidence, the request for subacromial decompression and exploration of the acromioclavicular joint is not medically necessary.