

Case Number:	CM13-0049081		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2013
Decision Date:	03/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 patient is a 34-year-old male who reported an injury on 02/15/2013 due to a fall from a ladder. The patient reportedly sustained injury to his cervical spine, lumbar spine, and bilateral shoulders. The patient's back injuries were treated conservatively with medications and physical therapy. The patient's shoulder injuries were treated with medications and an injection. The patient's most recent physical evaluation revealed the patient had an improvement in symptoms. Physical findings included crepitus with respect to the bilateral shoulders, and a negative bilateral impingement sign with mild discomfort of the lower back and cervical paravertebral musculature. The patient did undergo an MRI that revealed dorsal sided fraying of the supraspinatus and infraspinatus with evidence of impingement and a small subscapularis tear. The patient's diagnoses included partial rotator cuff tendon tear, potential bilateral SLAP lesions, cervical, thoracic, and lumbar strain/sprain, mild left lower extremity radiculopathy, and moderate to severe left shoulder acromioclavicular joint arthritis. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with rotator cuff repair vs. labral repair, SAD, +/- distal clavicle resection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: The requested for left shoulder arthroscopy with rotator cuff repair versus labral repair, subacromial decompression, and a distal clavicle resection is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for impingement syndrome and partial rotator cuff tears when there are clear clinical findings to support the need for surgical intervention, an imaging study that provides evidence of a lesion that would benefit from surgical intervention, and failure to progress with conservative treatment. The clinical documentation submitted for review does indicate that the patient's symptoms have improved with conservative treatment. Although the imaging study does indicate that the patient has a small rotator cuff tear, the submitted documentation does provide evidence of improvement in symptoms. The clinical documentation in 09/2013 indicated that the patient had positive bilateral impingement signs, which improved in 10/2013 as the patient had negative bilateral impingement signs. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient has participated in any active therapy for the bilateral shoulders. The clinical documentation provides evidence that the patient's active therapy has been directed towards core strengthening, and cervical and lumbar spine strengthening. As the documentation supports that the patient's symptoms are improving with conservative treatment and there is no documentation that the patient is participating in active therapy specifically directed to the bilateral shoulders, surgery would not be indicated at this time. As such, the requested for left shoulder arthroscopy with rotator cuff repair vs. labral repair, SAD, +/- distal clavicle resection is not medically necessary or appropriate.