

Case Number:	CM13-0057181		
Date Assigned:	12/30/2013	Date of Injury:	06/16/2011
Decision Date:	06/09/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/25/2013

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:

The patient is an employee of [REDACTED] and has submitted a claim for cervical spine musculoligamentous strain, right shoulder subacromial impingement, and SLAP tear of the right biceps associated with an industrial injury sustained on June 16, 2011. Treatment to date has included cervical epidural injection, trigger point injections, cortisone injection in the right shoulder, physical therapy, acupuncture, and medications, including Fanatrex, Deprizine, Dipocanol, Tabradol, and Synapryn. Medical records from 2012-2013 were reviewed, showing that the patient complained of persistent right shoulder pain rated 6-7/10 in severity, as well as neck pain radiating to both elbows and wrists. Medications provided pain relief and improved functional status. There was still difficulty with reaching, pushing, pulling, and lifting objects. Physical examination showed spasm, tenderness, and guarding in the paracervical muscles with loss of range of motion. Range of motion of the right shoulder was limited in flexion and abduction. Provocative testing showed positive impingement, Hawkin's sign, and Yergason test at the right shoulder. Mildly positive cross-arm test was appreciated. Muscle strength of the right deltoid was 4/5. Deep tendon reflexes were equal and symmetric. Sensation was diminished at the right C6 dermatome. A MR arthrogram of the right shoulder, dated August 6, 2012, revealed a SLAP tear extending from the 11 to one o'clock position, into the biceps anchor, and into the intra-articular segment of the long head of the biceps tendon. There was also mild tendinopathy involving the supraspinatus and infraspinatus tendons, and a large paralabral cyst, associated with increased signal intensity at the anterior aspect of the subscapularis tendon. This was cited in a report dated July 16, 2012. An MRI of the right shoulder, dated September 28, 2012, revealed mild acromioclavicular arthrosis, intrasubstance tear of the supraspinatus tendon, and SLAP tear of the labrum with a large paralabral cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION AND LABRAL REPAIR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS/ACOEM guidelines indicate that arthroscopic surgery and decompression for the shoulder may be considered reasonable and necessary if there is activity limitation for more than four months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus clear clinical and imaging evidence of a surgical lesion. In this case, the rationale given for this request is because the patient has failed conservative management and yet remained to be symptomatic. An MRI of the right shoulder, dated September 28, 2012, revealed an intrasubstance tear of the supraspinatus tendon, and a SLAP tear of the labrum. The patient complained of persistent right shoulder pain despite cortisone injections, physical therapy, acupuncture, and intake of medications. This resulted to difficulties in pushing, pulling, and lifting objects. Objective findings showed right deltoid weakness and limitation in motion of the right shoulder. Provocative testing was likewise positive. The guideline criteria have been met. As such, the request is medically necessary and appropriate.