

Case Number:	CM13-0072750		
Date Assigned:	01/08/2014	Date of Injury:	04/20/2010
Decision Date:	05/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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:

This 66-year-old male sustained an industrial injury on 4/20/10. He is status post C4/5 anterior cervical decompression and fusion, with previous fusion from C5 to T1. Significant cardiac comorbidities include congestive heart failure and failure of stents relative to toxic exposure in the military and/or industrial arena, and diabetes mellitus. The 6/24/13 progress report indicated that the patient had some right shoulder pain, grade 7-8/10 but there were no objective exam findings. The 9/10/13 right shoulder MRI revealed partial undersurface tear of mid and distal supraspinatus tendon that was not full thickness, significant rotator cuff tendinopathy, and acromioclavicular arthropathy, subacromial spur, and mild bursitis. The 9/30/13 progress report indicated that the patient had no new motor or sensory deficits and presented with a positive Hawkin's and Neer's test. The 11/25/13 treating physician report documented physical exam findings of a positive Hawkin's and Neer's test. The diagnosis was right shoulder partial rotator cuff tear with impingement and cardiac disease. Surgery was recommended as the patient had positive physical findings, positive MRI findings, and failed non-operative treatment for years. Authorization was requested for right shoulder diagnostic arthroscopy and surgery, subacromial decompression, and labrum or rotator cuff repair. The 12/12/13 utilization review non-certified the request for surgery as there was no evidence of functional limitations, significant objective findings, trial of corticosteroid injections, or restricted range of motion or strength deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT SHOULDER DIAGNOSTIC ARTHROSCOPY & SURGERY INCLUDING SUBACROMIAL DECOMPRESSION & TISSUE REPAIR FOR LABRUM OR ROTATOR CUFF AS INDICATED AND ABLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Additionally, (ODG) Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic Arthroscopy, Surgery For Impingement Syndrome, Surgery For Rotator Cuff Repair.

Decision rationale: Under consideration is a request for right shoulder diagnostic arthroscopy & surgery including subacromial decompression & tissue repair for labrum or rotator cuff. The California MTUS guidelines do not provide recommendations for shoulder surgery in chronic cases. The Official Disability Guidelines state that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. For repair of partial thickness rotator cuff tears and impingement surgery, guidelines generally require 3 to 6 months of conservative treatment, plus weak or absent abduction, positive impingement sign with a positive diagnostic injection test, and positive imaging evidence of impingement. Guideline criteria have not been met. There is no current evidence relative to strength deficits or positive diagnostic injection tests for this patient. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no current functional assessment provided relative to the shoulder. Therefore, this request for right shoulder arthroscopy with treatment under general anesthesia and open repair rotator cuff is not medically necessary.