

Case Number:	CM14-0008522		
Date Assigned:	02/14/2014	Date of Injury:	04/11/2011
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopaedic 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 male sustained an industrial injury on 4/11/11 when he slipped and fell while loading bags on and off a belt, landing on his back and striking his right shoulder against the bag cart. The 9/12/12 right shoulder MRI (magnetic resonance imaging) findings documented tendonitis of the distal supraspinatus and subscapularis tendon, anterior superior labral tear, mild tendinitis of the proximal long head of the biceps tendon, marked degenerative changes of the acromioclavicular joint, and an undersurface osteophyte. Conservative treatment included medications, physical therapy, activity modification, acupuncture, home exercise and injections. The 12/23/13 treating physician report cited constant right shoulder pain. Right shoulder exam findings documented supraspinatus and biceps tenderness, and marked loss of right shoulder motion with flexion 80, abduction 80, internal rotation 10, and external rotation 0 degrees. Hawkins and Neer's tests were positive. The applicable diagnoses were right shoulder adhesive capsulitis and right shoulder rotator cuff tendonitis. The treating physician stated that the patient continued to have right shoulder pain with significant limitation in range of motion and had failed conservative treatment, had positive physical exam findings, and positive imaging findings for an impingement syndrome. The treatment plan recommended right shoulder arthroscopy with acromioplasty, possible Mumford procedure, possible rotator cuff repair and manipulation under anesthesia. The 1/16/14 utilization review denied the request for right shoulder arthroscopy as there was no significant rotator cuff tear was noted on the submitted MRI. The 2/3/14 treating physician report cited on-going low back and increasing right shoulder pain. Objective findings documented tenderness to palpation right acromioclavicular joint and bicipital groove, marked loss of flexion (70), abduction (70), external rotation (20) and internal rotation (30), positive Hawkin's, possible Neer's, and positive anterior instability. The diagnosis was right shoulder

rotator cuff tendinitis. The treatment plan appealed the right shoulder arthroscopy with manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH ACROMIOPLASTY, POSSIBLE MUMFORD PROCEDURE, AND POSSIBLE ROTATOR CUFF REPAIR WITH MANIPULATION UNDER ANESTHESIA BETWEEN 1/15/2014 AND 3/1/2014:

Overtured

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for impingement, Surgery for rotator cuff tear, partial claviclectomy (Mumford), Manipulation under anesthesia.

Decision rationale: Under consideration is a request for right shoulder arthroscopy with acromioplasty, possible Mumford procedure, and possible rotator cuff repair with manipulation under anesthesia. The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines (ODG) for acromioplasty generally require 3 to 6 months of conservative treatment, and subjective, objective, and imaging clinical findings consistent with impingement. The ODG criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. The ODG criteria for rotator cuff repair of partial thickness tears require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. The ODG states that manipulation under anesthesia is under study as an option in adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90°), manipulation under anesthesia may be considered. The ODG criteria have been met. This patient presents with significant loss of range of motion, acromioclavicular joint and bicipital tenderness, positive clinical and imaging findings for impingement, and positive anterior instability. MRI (magnetic resonance imaging) findings documented rotator cuff tendinopathy, labral tear, bicipital tendinitis, marked degenerative changes of the acromioclavicular joint, and an undersurface osteophyte. Therefore, this request for right shoulder arthroscopy with acromioplasty, possible Mumford procedure, and possible rotator cuff repair with manipulation under anesthesia is medically necessary.