

Case Number:	CM14-0100224		
Date Assigned:	09/23/2014	Date of Injury:	06/24/2013
Decision Date:	10/22/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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:

There were 240 pages provided for this review. The request was for left shoulder arthroscopy, subacromial decompression and possible rotator cuff repair, possible SLAP repair and possible biceps tenodesis, postoperative physical therapy two times a week for six weeks for the left shoulder and a postoperative ice machine and postoperative abduction sling. The request for independent medical review was signed on June 30, 2014. Per the records provided, there was a review from June 27, 2014. There was no information on conservative treatment with reference to rehabilitation, medicines injections diagnostic imaging or physical exam. The claimant is a 59-year-old man who was injured on June 24, 2013. There was no prior treatment and relevant imaging or diagnostics available. On November 14, 2013 there was a request for 36 sessions of chiropractic care. On June 20, 2014, [REDACTED] made these requests under this review. The diagnoses given were cervical brachial syndrome and disorders of the bursa and tendons in the shoulder region. There was a letter from June 26, 2014 by [REDACTED]. He has a lot of pain and discomfort in his neck and shoulder. He went to the ER recently, but it was due to stomach upset. There is positive rotator cuff of the left shoulder. There was decreased strength. The diagnoses were left shoulder sprain strain injury and left shoulder rotator cuff injury with tear. He uses Tylenol number three for pain control and ketoprofen. [REDACTED] recommends left shoulder surgery so they are awaiting approval for that. [REDACTED] also recommended an MRI of the shoulder. There was severe pain in the left shoulder. An MRI from October 9, 2013 is reported to say there is a partial surface bursa tear involving the distal supraspinatus tendon without retraction and mild degenerative changes in the AC joint without encroachment and a questionable SLAP region. The pain is reportedly so severe that he is unable to work. It claims that they have tried nonoperative care including activity modification, anti-inflammatories, physical therapy and steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible biceps tenod: 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.

Decision rationale: The California MTUS-ACOEM guides, specifically Chapter 9 for the shoulder, note on page 209: Referral for surgical consultation may be indicated for patients who have Red flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.). There should be activity limitation for more than four months, plus existence of a surgical lesion. Finally, there needs to be failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. A recent MRI was requested, but outcomes demonstrating a true surgical lesion are not noted. Moreover, I did not note a comprehensive attempt at physical rehabilitation for the shoulder, or that the lesion was significant one, and so criteria were not met to move on to surgery. The MTUS confirms that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial thickness or smaller full thickness tears. For partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. Again, it is not established that conservative treatment was exhausted, nor that a recent MRI confirmed the surgical pathology. The request is not medically necessary.

Post-operative ice machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES,, LEG AND KNEE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day. Elaborate equipment is simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home,

without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request is not medically necessary.

Left Shoulder Excision Distal Clavicle: Upheld

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 section, Acromioplasty.

Decision rationale: Regarding surgery for impingement syndrome, such as acromioplasty [acromion or clavicle removal], the MTUS is silent. the ODG notes:1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night. PLUS3. 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). PLUS4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of impingement. (Washington, 2002).As shared previously, the tears were small on imaging, and it is not clear the case had wholesome rehabilitation efforts. Further, the outcomes of a more recent MRI noted by [REDACTED] are not seen. The request is not medically necessary.

Postoperative Abduction Pillow Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, pillow abduction sling.

Decision rationale: Please see the response and references to the previous surgical requests. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy 2 Times Weekly for 6 Weeks, Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As shared in the previous question. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.