

Case Number:	CM14-0103338		
Date Assigned:	07/30/2014	Date of Injury:	04/10/2013
Decision Date:	09/09/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 45-year-old female who was injured on April 10, 2013. Records indicate an injury to the left shoulder. The most recent clinical progress report of May 15, 2014 indicates continued complaints of pain about the shoulder, worse with activities. Objectively there was positive Hawkins, cross body abduction, Neer testing, and pain about the acromioclavicular (AC) joint to palpation. There was weakness at 5-/5 to the supraspinatus. Prior treatment was noted to have included physical therapy, oral medications, acupuncture and an isolated corticosteroid injection. Recent MRI of the left shoulder performed April 24, 2014 showed no evidence of AC joint findings with moderate fluid to the subacromial space, full thickness tearing of the supraspinatus tendon without retraction or atrophy. The claimant was diagnosed with full thickness rotator cuff pathology and acromioclavicular joint impingement. There is a current recommendation for operative intervention to include an arthroscopy, debridement, rotator cuff repair and distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic debridement, decompression, rotator cuff repair, and open distal clavicle excision: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability

Guidelines, Shoulder (Acute & Chronic): Diagnostic arthroscopy and Indications for Surgery -- Rotator cuff repair, Acromioplasty, and Partial claviclectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter shoulder.

Decision rationale: Based on California ACOEM Guidelines, the role of surgical intervention to include a rotator cuff repair and supported distal clavicle excision would be indicated. CA MTUS states, "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." This individual is with full thickness rotator cuff tearing noted on recent MRI scan. Physical examination notes the claimant has continued to be symptomatic including symptoms over the AC joint with tenderness to palpation and pain with cross body movements. Given the claimant's acute tenderness, pathology on imaging, failed conservative care and continued symptoms, the role of the surgical process as requested would be indicated.

12 post-operative Physical Therapy (PT) visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would support an initial twelve sessions of physical therapy. CA MTUS states, "Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks." The need for operative intervention in this case has been established." The initial twelve sessions of physical therapy would also be indicated.