

Case Number:	CM14-0104592		
Date Assigned:	09/16/2014	Date of Injury:	04/23/2013
Decision Date:	10/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 44-year-old male with a reported date of injury of 04/23/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lateral epicondylitis, arthropathy of the arm, contusion of the elbow, and elbow/forearm sprain. His previous treatments were noted to include tennis elbow brace, Motrin, and physical therapy to the right elbow. An MRI dated 02/10/2014 revealed mild to moderate distal supraspinatus tendinosis and adjacent small amount of fluid in the subacromial/subdeltoid bursae which most likely represented reactive bursitis related to calcific tendinopathy. There was mild distal bursal surface fraying, without focal high grade partial or full thickness tear. There was moderate to high grade subscapularis tendinosis with a small 4 to 5 mm moderate grade partial thickness interstitial tear at its distal insertion into the lesser tuberosity. No full thickness rotator cuff tendon tear, tendon retraction, or muscle atrophy was noted. There was a mild increased signal intensity within the intrasubstance of the superior labrum suggestive of a small degenerative type SLAP tear without labral displacement. There was a mild diagnostic fraying of the anterior superior labrum. Punctuating increased signal intensity was identified at the chondral labral junction of the posterior inferior labrum which may be secondary to artifact, although a small focus of chondral labral junction stripping could not be entirely excluded. The progress note dated 05/30/2014 revealed complaints of pain to the right shoulder, pain at night, severe pain when he woke up, and sharp stabbing pain to the shoulder. The injured worker also complained of shoulder pain that was aggravated by overhead activity and lifting. The injured worker had associated features that included muscle stiffness, muscle weakness, painful range of motion, decreased range of motion, and popping/crepitus. The physical examination was performed to the right shoulder. Tenderness to palpation was noted over the right lateral condyle and there was pain with resisted wrist extension. There was also decreased range of motion to

the right elbow. The progress note dated 08/04/2014 revealed complaints of pain to the shoulder with the inability to elevate the arm and point tenderness. The physical examination was of the right elbow. There was not a physical examination documented for the right shoulder. The Request for Authorization form was not submitted within the medical records. The request was for a right shoulder open rotator cuff repair with an assistant surgeon, for surgery and postoperative physical therapy at 3 times per week times 4 weeks for post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Open Rotator Cuff Repair With Asst. Surgeon,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The request for a right shoulder open rotator cuff repair with assistant surgeon is not medically necessary. The injured worker complained of right shoulder pain with associated night pain and an inability to elevate the arm. The California MTUS/ACOEM Guidelines state rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly in acute younger workers. Rotator cuff tears are frequently partial thickness or smaller full thickness tears. For partial thickness rotator cuff tears or small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. The preferred procedure is usually arthroscopic decompression, which involved debridement of inflamed tissue, burring of the anterior acromion, lysis, and sometimes, removal of the coracoacromial ligament and possible removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms or for those whose activities are not limited. Lesions of the rotator cuff are a continuum, from mild supraspinatus tendon degeneration to complete ruptures. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full evulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. Studies evaluating the risks of conservative treatment of full thickness rotator cuff tears have shown an 82% to 86% success rate for patients presenting within 3 months of surgery. The efficacy of arthroscopic decompression for full thickness tears depends on the size of the tear; or 1 study reported satisfactory results in 90% of patients with small tears. A prior study by the same group reported satisfactory results in 86% of patients who underwent open repair for larger tears. Surgical outcomes in rotator cuff tears are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. The guidelines recommend arthroscopic repairs for partial thickness rotator cuff tears and evidence of a failure of conservative treatment for 3 months. There was a lack of documentation regarding a recent physical examination or conservative treatment to the right shoulder. Therefore, while the guidelines do support the role of surgery for partial thickness tear, arthroscopically, it typically does only so following 3 months of conservative measures including injection therapy. Without

evidence of the physical examination or prior conservative measures, the need for operative intervention is not supported by the guidelines. Therefore, the request is not medically necessary.

Post-Op physical therapy three times a week for four weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.