MAXIMUS Federal Services

Case Number:	CM14-0105525		
Date Assigned:	07/30/2014	Date of Injury:	08/22/2002
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 is a 67-year-old female who sustained a vocational injury on 08/20/12 when she fell backwards off a three step ladder. The medical records provided for review document that the injured worker is status post C5-C7 anterior cervical discectomy and fusion. Conservative treatment to date includes a Voltaren gels, formal physical therapy and medications. Documentation also suggests that an internist has advised the injured worker to refrain from taking anti-inflammatory medication due to hypertension and comorbidities. The injured worker's current working diagnoses include cervical spondylosis without myelopathy, recent left total knee arthroplasty, bilateral shoulder impingement syndrome, left shoulder tendinosis and tear of the right shoulder supraspinatus tendon, biceps tendon and labrum. The office note dated 04/10/14 notes increasing pain in the neck and the shoulders. Examination of the bilateral shoulders showed positive impingement signs, subacromial tenderness to palpation, restricted range of motion and pain elicited at the terminal ends of motion. The cervical exam revealed right-sided midline incision in the anterior neck with moderate trapezius tightness and spasm, restricted range of motion and tenderness to palpation over the cervical facet joint C4 to C7. The report of an MRI of the right shoulder from 04/10/13 showed osteoarthritis of the acromioclavicular joint and impingement of the supraspinatus tendon with a partial versus complete tear of the supraspinatus with associated fluid in the subacromial subdeltoid bursa. Some scapular tendinosis along with biceps tendon anchor tear with retraction of the horizontal segment were also appreciated. SLAP Type II lesion was identified and there was thinned articular cartilage with bone to bone articulation and a Hill-Sachs fracture. The 04/10/13 report of an MRI of the left shoulder revealed osteoarthritis of the acromioclavicular joint causing impingement of the supraspinatus tendon, supraspinatus tendinosis, and a Hill-Sachs deformity. This review is for bilateral shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: California MTUS ACOEM Guidelines do not support the request for bilateral shoulder surgery. The ACOEM Guidelines recommend that there should be clear clinical imaging evidence of a lesion that has been shown to benefit both the short and long term from surgical repair. The request for bilateral shoulder surgery does not identify any procedure to be performed of either the left or right shoulder. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines, the request for bilateral shoulder surgery cannot be considered medically necessary.

Right shoulder rotator cuff repair and decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter.

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

Decision rationale: California MTUS ACOEM Guidelines do not support the request for right shoulder rotator cuff repair and decompression. ACOEM Guidelines recommend that prior to consideration of surgery, there should be clear clinical imaging evidence of a lesion that has shown to benefit, in both the short and long term from surgical repair. The most recent MRI available for review of the right shoulder from 04/10/13 suggested that the claimant had significant osteoarthritis of both the glenohumeral joint as well as the acromioclavicular joint. Documentation also suggested labral pathology, which may be responsible for the claimant's ongoing symptoms. The most recent office note available for review did not clearly delineate that the claimant's subjective complaints were entirely due to the right shoulder pathology as the claimant has had a previous anterior cervical discectomy and fusion and appears to have subjective complaints of pain and abnormal physical exam objective findings consistent with possible radiculopathy, which may be responsible for the ongoing right shoulder complaints. The medical necessity of the right shoulder rotator cuff repair and decompression cannot be considered medically necessary. In addition, there is no documentation that there has been a recent right shoulder MRI confirming pathology in the right shoulder, which may be amenable to surgical intervention, which is recommended per the California MTUS ACOEM Guidelines. Therefore, based on the documentation presented for review and in accordance with California

MTUS ACOEM Guidelines, the request for the right shoulder rotator cuff repair and decompression cannot be considered medically necessary.