

Case Number:	CM14-0010340		
Date Assigned:	02/21/2014	Date of Injury:	07/08/2013
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 39-year-old female with a 7/8/13 date of injury. She sustained a cumulative injury from repetitive motion from typing with injury to her neck, right shoulder/elbow/arm and fingers. 1/6/14 office note indicated persistent right shoulder pain with associated weakness and stiffness. The pain radiates down her arm associated with neck pain. Objective: 150 degrees of forward elevation, 140 of abduction. MRI of right shoulder 9/3/13 shows mild tendinosis with thickening and increased signal of the supraspinatus with superior labral degeneration extending into the labrum. Diagnostic Impression: right Rotator Cuff injury, Labral injury, Cervical Strain, possible early adhesive capsulitis. Treatment to date: activity modification, medication management, subacromial injection, physical therapy. A UR decision dated 1/15/14 modified the request and approved the right shoulder arthroscopic versus open acromioplasty and debridement with possible lysis of adhesions, manipulation, possible rotator cuff repair (based on intra-operative findings) and post-operative physical therapy 2x6. The request for the rotator cuff repair was denied based on the fact that there is low suspicion for a rotator cuff tear. The request for the post-operative sling was denied due to the low suspicion for the rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC VS OPEN ACROMIOPLASTY, PARTIAL THICKNESS TEAR DEBRIDEMENT , LYSIS OF ADHESIONS/ MANIPULATION POSSIBLE ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9 SHOULDER COMPLAINTS, 209-211

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. CA MTUS states that for partial full-thicknesses and small tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. However, there is no evidence of a rotator cuff tear that would warrant surgical repair. This request was modified on the initial review to approve for arthroscopic versus open acromioplasty with possible lysis of adhesions and rotator cuff repair (dependent on intra-operative findings). From the documentation provided, there are findings consistent with impingement, which would support the acromioplasty. The patient has failed conservative management including physical therapy, subacromial injection, and medication management. However, there is no documentation to support a rotator cuff repair unless it is found intra-operatively. The MRI of the shoulder does not show evidence of a rotator cuff repair, just tendinosis. This request, as submitted, cannot be substantiated. Therefore, the request for right shoulder Arthroscopic versus Open Acromioplasty, partial thickness tear debridement, lysis of adhesions/manipulation/possible rotator repair was not medically necessary.

POST OPERATIVE PHYSICAL THERAPY 2 X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines support up to 24 sessions of physical therapy after an arthroscopic rotator cuff repair and 30 sessions after an open rotator cuff repair. However, the initial surgical request was not found to be medically necessary, so this request cannot be substantiated. Therefore, the request for Post-Operative Physical Therapy 2x6 weeks was not medically necessary.

POST-OPERATIVE DME SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS does not address this issue. ODG recommends abduction pillow slings as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. However, there is no description of a full-thickness rotator cuff tear in this patient. The request for surgery was not found to be medically necessary, so the subsequent request for a post-operative sling cannot be substantiated. Therefore, the request for a post-operative DME Sling was not medically necessary.