

Case Number:	CM14-0013634		
Date Assigned:	02/26/2014	Date of Injury:	01/07/2013
Decision Date:	08/05/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 43-year-old male sustained an industrial injury on 1/7/13. Injury occurred when he was pushing a pallet of milk gallons, a box slipped, and he went to grab it with immediate onset of elbow pain and subsequent complaints of right shoulder, wrist and hand pain. The patient was diagnosed with acute right upper extremity strain with traumatic lateral epicondylitis, possible triangular fibrocartilage complex tear, mild deQuervain's tenosynovitis, and traumatic bursitis of the shoulder. Conservative treatment was initially focused on the elbow and included an elbow injection. The 10/15/13 right shoulder MRI impression documented moderate to severe distal supraspinatus tendinosis with low grade partial thickness interstitial tearing. There was no high-grade or full thickness tear, and there was no retraction. The 12/27/13 orthopedic report cited grade 8/10 right shoulder pain. Physical exam documented cervical paraspinal tenderness, and full shoulder range of motion with normal pain. There was no painful arc of motion documented, or abduction weakness. There was a positive Neer test. The treatment plan recommended surgical intervention based on the positive impingement test and MRI findings. The patient had reportedly failed conservative treatment including anti-inflammatories, physical therapy, and injection for more than one year. The 1/9/14 utilization review denied the request for right shoulder arthroscopic rotator cuff repair as there was full range of motion, normal strength, no documentation of painful arc, and no detailed documentation that guideline-recommended conservative treatment had been tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC ROTATOR CUFF REPAIR: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome, Surgery for rotator cuff repair.

Decision rationale: The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guidelines state 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. The Official Disability Guidelines provide specific indications for repair of partial thickness rotator cuff tears and impingement surgery that generally require 3 to 6 months of conservative treatment plus weak or absent abduction, positive impingement sign with a positive diagnostic injection test, and positive imaging evidence of impingement. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed to the right shoulder had been tried and failed. There is no detailed evidence of a positive diagnostic injection test. Injection is not documented to the right shoulder, but it is noted for the elbow. There is no evidence of range of motion or strength loss. There is no current functional assessment. Therefore, this request for right shoulder arthroscopic rotator cuff repair is not medically necessary.