

Case Number:	CM14-0014859		
Date Assigned:	02/28/2014	Date of Injury:	10/31/2013
Decision Date:	07/07/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/05/2014

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 39-year-old male who reported an injury on 10/31/2013. The mechanism of injury was the injured worker was throwing desks and other items onto a roll off when he felt a pop in his deltoid muscle. Prior treatments included physical therapy and medications. The injured worker underwent an MRI on 11/18/2013, which revealed supraspinatus tendinosis with no rotator cuff tear. There was no evidence of rotator cuff muscle atrophy. The acromion had smooth undersurface and was type 1 with no evidence of impingement. There was no tear of the superior labrum or attachment of the tendon for long head of the biceps. There was no anterior-posterior labral tear seen. There were no areas of abnormal signal involving the humeral head or bony glenoid. The documentation indicated the injured worker refused a cortisone injection. The documentation of 12/19/2013 was the original request for surgery per the submitted documentation. The chief complaints on that date were pain rated at 5/10 to 6/10. The injured worker had pain with motion. Additionally, the injured worker indicated the pain was present with raising his arm above his head and was alleviated by rest. The injured worker reported intermittent numbness and tingling of the whole arm sometimes while sleeping. The examination of the left shoulder revealed forward flexion of 160 degrees, external rotation of 50 degrees, and internal rotation of 80 degrees. The rotator cuff strength was 5-/5. The injured worker had a positive Hawkins/Neer impingement sign and pain with cross-body adduction. There was biceps tenderness to palpation and a positive O'Brien's test. The diagnoses included left shoulder long head of biceps tendon instability and rotator cuff tendinopathy. The injured worker had radiographs taken in the office, which revealed no fractures, dislocations, masses, or arthritic changes. The treatment recommendations included a left shoulder arthroscopy with possible rotator cuff repair, a diagnostic left shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy versus tenodesis and a labral repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC ARTHROSCOPY WITH POSSIBLE ROTATOR CUFF REPAIR/BICEPS TENOTOMY/LABRAL REPAIR OF THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Diagnostic Arthroscopy, Labral repair.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months plus the existence of a surgical lesion, the failure to increase range of motion and strength of the musculature around the shoulder even after an exercise program, plus the existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to indicate the injured worker had activity limitation for more than 4 months and the existence of a surgical lesion. There was a lack of documentation indicating the injured worker had a failure to increase range of motion after exercise programs and had the existence of a surgical lesion. The ACOEM Guidelines indicate that rotator cuff repair is appropriate for significant tears and for partial thickness rotator cuff tears and small thickness tears, the surgical intervention is reserved for cases failing conservative therapy for 3 months. Additionally, they indicate for a ruptured biceps tendon it can almost always be managed conservatively because there is no accompanying functional disability. The clinical documentation submitted for review failed to provide documentation of the duration and type of conservative care that was provided. This portion of the request would not be supported. The request was made for a diagnostic arthroscopy. The California MTUS/ACOEM guidelines do not address diagnostic arthroscopies. As such, secondary Guidelines were sought. The Official Disability Guidelines indicate that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. The clinical documentation submitted for review failed to provide documentation of the duration of conservative care. The California MTUS/ACOEM Guidelines do not address surgery for SLAP lesions. As such, secondary Guidelines were sought. The Official Disability Guidelines indicate that surgery for labral repair is recommended for type 2 lesions or for type 4 lesions if more than 50% of the tendon is involved. There was no documentation indicating the injured worker had a type 2 or type 4 lesion. The MRI failed to indicate the injured worker had a labral tear. Given the above, the request for diagnostic arthroscopy with possible rotator cuff repair/biceps tenotomy/labral repair of the left shoulder is not medically necessary.

SHOULDER ABDUCTION PILLOW WITH SLING: Upheld

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

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.

CRYOTHERAPY: Upheld

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

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.

POST-OPERATIVE PHYSICAL THERAPY EVALUATION: Upheld

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

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.

POST-OPERATIVE PHYSICAL THERAPY X12 VISITS: Upheld

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

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.