

Case Number:	CM14-0115418		
Date Assigned:	08/04/2014	Date of Injury:	11/21/2011
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/22/2014

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 60-year-old female sustained an industrial injury on 11/21/11. The mechanism of injury was not documented. The patient underwent right arthroscopic revision rotator cuff repair, distal clavicle excision, and subacromial decompression on 1/21/14. Records indicated that the patient did not improve post-operative as expected. The 4/30/14 physical therapy report indicated that the patient continued to struggle with moderate to severe pain, consistently grade 7/10 and elevated to grade 9/10 with return to work. Mobility had improved over the past month, but pain had not improved. She tolerated only light rotator cuff training. There was moderate subacromial tenderness with some crepitus and popping. Physical therapy had been completed for 33 post-op visits. The 6/11/14 right shoulder MRI conclusion documented prior repair of a torn supraspinatus tendon. The rotator cuff repair remained grossly intact. The remaining rotator cuff muscles and tendons remained intact. There was a prior subacromial decompression and resection of the distal clavicle. There was a small amount of fluid in the subacromial space that was likely iatrogenic related to administration of local lidocaine anesthetic. The 6/16/14 treating physician report indicated the patient was still having a lot of pain in the shoulder. There was pain with forward elevation and abduction. There was a positive impingement sign and some crepitus with forward elevation. MRI arthrogram was reviewed and showed some fluid in the subacromial space with possible disruption of the rotator cuff repair. The treating physician indicated that the patient had not responded well to surgical repair and was still having pain. He opined that she probably disrupted the repair or had something that was irritating the subacromial space. She had been through physical therapy and was taking medications but continued to have pain. The treatment plan recommended an arthroscopic evaluation of the shoulder, subacromial decompression, repair of any rotator cuff pathology, and possible removal of any knots irritating the subacromial space. The patient was working regular duty, 4 hours. The 7/17/14 utilization

review denied the request for right shoulder arthroscopy as documentation did not meet guideline criteria for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: 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): 209-211.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. This patient underwent a revision rotator cuff repair on 1/21/14. An adequate course of post-op physical therapy was provided with continued pain documented. Imaging evidence does not clearly identify rotator cuff pathology or impingement. There is no current documentation of range of motion, painful arc of motion, or strength consistent with guideline criteria. There is no evidence of a positive diagnostic injection test. Therefore, this request for right shoulder arthroscopy is not medically necessary.