

Case Number:	CM14-0115706		
Date Assigned:	08/04/2014	Date of Injury:	11/11/2011
Decision Date:	09/09/2014	UR Denial Date:	07/10/2014
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 Orthopaedic 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 42-year-old male sustained an industrial injury on 11/11/11. The mechanism of injury was not documented. The patient underwent right shoulder arthroscopy with labral repair, subacromial decompression, glenohumeral synovectomy and rotator cuff repair on 6/24/13. The 5/28/14 treating physician progress report cited persistent left shoulder pain. A subacromial injection provided on 4/4/14 gave him one week's relief. Left shoulder pain had returned to baseline, and was increased since attending therapy. The 6/27/14 treating physician progress report indicated the patient had pain isolated to the area under the left deltoid. He had pain with overhead activity and internal rotation. He also had weakness. The 2/23/13 left shoulder MRI findings documented a rotator cuff tear and hypertrophic AC joint changes with impingement into the musculotendinous junction of the supraspinatus. Left shoulder exam findings documented positive Speed and O'Brien's tests, and equivocal Yergason's. There was 4/5 forward flexion and abduction weakness. Range of motion documented flexion 135, abduction 125, external rotation 90, and internal rotation 70 degrees. Surgery was recommended to include left shoulder arthroscopy with subacromial decompression, Mumford procedure, rotator cuff repair and possible labral repair. Conservative treatment had included activity modification, medications, rest, physical therapy, and subacromial injection. The 7/10/13 utilization review denied the request for left shoulder arthroscopy as guideline criteria had not been met relative to duration of conservative treatment, night time pain, positive diagnostic injection test, and abduction weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with subacromial decompression, mumford procedure, rotator cuff repair and possible labral repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Indications for Surgery - Rotator Cuff Repair, Indications for Surgery - Acromioplasty, Surgery for SLAP lesions, SLAP lesion diagnosis, Criteria for Classification of SLAP lesions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California MTUS 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 show to benefit, in the short and long-term, from surgical repair. Guidelines state that surgery for partial thickness rotator cuff tears presenting primarily as impingement is reserved for cases failing conservative therapy for 3 months. Guidelines relative to arthroscopic decompression state that conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. Guideline criteria have been met. This patient presents with subjective, objective and imaging findings consistent with impingement syndrome. Guideline-recommended conservative treatment has been tried and failed. Therefore, this request for left shoulder arthroscopy with subacromial decompression, Mumford procedure, rotator cuff repair and possible labral repair is medically necessary.