

Case Number:	CM14-0117877		
Date Assigned:	08/06/2014	Date of Injury:	04/01/2013
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 61-year-old female sustained an industrial injury on 4/1/13, relative to repetitive motion. The 6/17/13 right shoulder x-rays showed mild undersurface spurring of the acromion. The 9/20/13 right shoulder MRI impression documented high-grade near full thickness tear involving the interstitial and bursal surface attachment of the anterodistal supraspinatus. There was interstitial tearing involved the distal infraspinatus with a cyst noted within the infraspinatus tendon. There was a frayed degenerated posterior superior labrum. There was acromioclavicular (AC) arthrosis with undersurface spurring and a type 2 acromion that contribute to lateral and medial arch narrowing. This pattern predisposes to outlet-related cuff impingement. The patient was status post left shoulder subacromial decompression on 2/26/14. Records indicated that the patient had attended 12 sessions of physical therapy with some type of injection reported in October 2013, which was helpful. Physical exam findings on 1/7/14 noted right shoulder range of motion with flexion 175, abduction 175, extension 50, and internal/external rotation 90 degrees. The patient was status post left shoulder arthroscopic subacromial decompression, date unknown. The 7/3/14 utilization review denied the request for right shoulder arthroscopy as there were no current exam findings and no recent subacromial injection to support the medical necessity of surgery. The patient appeal note faxed 7/28/14 indicated that her right shoulder was limited with pain and inflammation that interfered with daily personal hygiene and work activities. At the end of a typical day, her right shoulder was in intense pain. She reported that her left shoulder was about 75% better after surgery and she would like the same relief for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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, Surgery for rotator cuff repair, Surgery for impingement syndrome.

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. The Official Disability Guidelines provide specific indications for repair of 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 been met. This patient presents with MRI evidence consistent with rotator cuff tear and impingement syndrome. There is a probable diagnosis of impingement. Reasonable non-operative treatment of medication, therapy, restricted activities and injection were tried and failed. Therefore, this request for right shoulder arthroscopy is medically necessary.