

Case Number:	CM14-0127757		
Date Assigned:	08/15/2014	Date of Injury:	11/06/2013
Decision Date:	09/25/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 is a 63-year-old female who sustained a vocational injury on 11/06/13 when she tripped over a basket of parts. The medical records provided for review include the office note dated 07/22/14 that documents diagnoses of cervical and thoracic strain with arthrosis, left shoulder rotator cuff tear with acromioclavicular joint arthrosis and possible mild adhesive capsulitis, migraine headaches, bilateral knee patellofemoral syndrome with mild arthrosis. The office note also documented that the claimant had completed a formal course of physical therapy for the left shoulder that did not provide any relief as she continued to complain of constant left shoulder pain and intermittent neck pain. Physical examination of the left shoulder revealed a positive Hawkin's and Neer test. The claimant's pain localized to the acromioclavicular joint with cross body adduction. She had 4/5 strength with supraspinatus and 5/5 strength with belly press. Internal rotation in the scarecrow position was to 40 degrees, external rotation was to 55 degrees. The patient was able to forward flexion to 160 degrees with active assist and what appears to be mostly limited due to pain. The office note documented that an MR arthrogram of the left shoulder dated 07/15/14 showed a full thickness rotator cuff tear of the supraspinatus and long head biceps tendinopathy. The formal report of the MR arthrogram was not provided for review but the records note that the examining physician reviewed it with an independent physician who agreed that the claimant had a rotator cuff tear, but saw no signs of labral tear or subscapularis tear. Conservative care to date includes antiinflammatories, Norco and formal physical therapy of at least 17 sessions. This review is for left shoulder examination/manipulation under anesthesia with possible arthroscopic capsular release, subacromial decompression, Mumford procedure and rotator cuff repair and additional treatments as necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder examination/manipulation under anesthesia with possible arthroscopic capsular release, subacromial decompression. Mumford procedure rotator cuff repair, and treatment of other.: 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 chapter: Manipulation under anesthesia (MUA).

Decision rationale: The California ACOEM Guidelines recommend that prior to considering surgical intervention there should be activity limitation reported for more than four months plus the existence of clear clinical and imaging evidence of the lesion that has been shown to benefit in both the short and long term from surgical repair. Prior to considering specifically the request for a Mumford procedure as well as surgery for adhesive capsulitis, the Official Disability Guidelines recommend that injection therapy in the form of Cortisone should be utilized as both a diagnostic and therapeutic modality. The medical records provided for review do not document that the claimant has been treated with a diagnostic and therapeutic injection at either the acromioclavicular joint, subacromial region, or the glenohumeral region. In addition, prior to considering medical necessity for the requested procedure, it would be important to have the formal report of the MRA of the left shoulder, which was performed on 07/15/14. The documentation also suggests the claimant has significant cervical complaints and the possibility of cervical spine radiculopathy as the primary pain generator does not appear to have been completely ruled out prior to the recommendation for shoulder surgery as encouraged by both the California ACOEM Guidelines and the Official Disability Guidelines. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, the request for the left shoulder exam and manipulation under anesthesia with possible arthroscopic capsular release, subchondral decompression, Mumford procedure and rotator cuff repair is not medically necessary and appropriate.