

Case Number:	CM14-0128804		
Date Assigned:	08/18/2014	Date of Injury:	07/19/2013
Decision Date:	09/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/13/2014

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 54-year-old female who sustained a vocational injury on 07/19/13 while lifting a heavy box. The medical records provided for review include the 01/13/14 office note that documented a magnetic resonance imaging (MRI) showed acromioclavicular joint abnormality with osteoarthritis and spurring, an intact rotator cuff with inflammation, increased fluid in the subacromial/subdeltoid bursa and lateral down sloping of the acromion. The office note dated 07/10/14 noted continued complaints of left shoulder pain and loss of strength. Physical examination of the left shoulder revealed positive impingement signs and the claimant was diagnosed with a shoulder sprain, shoulder impingement syndrome, and disorders of the bursa and tendon, unspecified. Radiographs of the left shoulder taken at the 07/09/14 visit were documented to show Type II acromion and an acromioclavicular joint, which was slightly narrow with small inferior osteophyte. The glenohumeral joint space appeared normal and there was no cephalad migration of the humeral head. There was no fracture or dislocation appreciated. The documentation suggests the claimant has had 12 visits of physical therapy with a limited response as noted in the office note of 04/09/14. A corticosteroid injection was recommended, but the claimant elected not to proceed and requested to proceed with surgery. This request is for left shoulder arthroscopy with subacromial decompression, arthroscopic distal clavicle excision, arthroscopic tenodesis of the long head of the biceps, arthroscopic versus mini open rotator cuff repair.

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, arthroscopic distal clavicle excision, and arthroscopic tenodesis of long head of biceps, arthroscopic versus mini open rotator cuff repair: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter: Indications for Surgery--Partial claviclectomy (Mumford Procedure).

Decision rationale: Based on the California MTUS ACOEM Guidelines and the Official Disability Guidelines, the request for left shoulder arthroscopy with subacromial decompression, arthroscopic distal clavicle excision, and arthroscopic tenodesis of long head of biceps, arthroscopic versus mini open rotator cuff repair is not recommended as medically necessary. The ACOEM Guidelines recommend that prior to considering surgical intervention for the current working diagnosis, there should be documented activity limitation for more than four months plus the existence of the surgical lesion. There should be documentation to increase range of motion strengthening of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion along with clear, clinical imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. ACOEM Guidelines note that in regards to rotator cuff repairs, there should be documentation of a minimum of three to six months of conservative treatment for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement. In regards to surgical intervention for impingement syndrome, ACOEM Guidelines recommend that conservative care, including Cortisone injections, should be carried out for at least three to six months before considering surgery. Official Disability Guidelines for partial claviclectomy state that there should be subjective clinical findings, which include pain at the acromioclavicular joint, aggravation of pain with shoulder motion or carrying weight, or previous grade I or II acromioclavicular separation, plus tenderness over the acromioclavicular joint and/or pain relief with pain with an injection of anesthetic for diagnostic or therapeutic trial. In addition, there should be clear imaging findings suggestive of pathology at the acromioclavicular joint. Prior to considering surgical intervention for biceps tenodesis, conservative treatment should be undertaken for at least three months to include antiinflammatories and therapy. The documentation presented for review fails to establish the claimant has attempted, failed and exhausted a rigorous conservative treatment approach for a minimum of three to six months that would have included antiinflammatories, formal physical therapy, and a home exercise program and injection therapy. There is a lack of recent abnormal physical exam objective findings presented for review establishing the medical necessity of the requested procedure. There is no formal MRI report available for review, which would be recommended prior to considering medical necessity for the requested procedure. Therefore, based on the documentation presented for review and in accordance with the California MTUS ACOEM Guidelines and the Official Disability Guidelines, the request for the left shoulder arthroscopy with subacromial decompression, arthroscopic distal clavicle excision, and arthroscopic tenodesis of the long head of the biceps, arthroscopic versus mini open rotator cuff repair cannot be considered medically necessary.

