

Case Number:	CM14-0131212		
Date Assigned:	08/20/2014	Date of Injury:	09/20/2010
Decision Date:	09/19/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 46-year-old male foreman/plasterer sustained an industrial injury on 9/20/10. Injury occurred while reaching overhead to get a board and the board slipped pulling his right shoulder, arm, elbow, and wrist. Conservative treatment included activity modification, medications, physical therapy, and injection without sustained improvement. The 3/18/14 right shoulder MRI impression documented partial tear/tendinosis involving the supraspinatus tendon. There was no evidence of full thickness retracted rotator cuff tear. There were hypertrophic changes of the acromioclavicular joint with lateral downsloping type 3 acromion that narrowed the acromiohumeral interval with potential for impingement. There was mild subacromial/subdeltoid bursitis. There were degenerative subcortical cysts noted within the lateral aspect of the humeral head. The 7/31/14 treating physician progress report cited right shoulder pain with movement. Without pain medications, pain was rated 9/10. Right shoulder exam documented moderate tenderness over the acromioclavicular joint and anterolateral process of the acromion over the supraspinatus tendon. There was mild loss of left shoulder active and passive range of motion and 4/5 infraspinatus and supraspinatus strength. There were positive empty can, impingement, Hawkin's, and Neer's tests. There were positive active compression, cross arm adduction, Yergason's, and Speed's tests. The diagnosis included right shoulder impingement and tendinitis. The treatment plan recommended surgery to treat the patient's impingement and rotator cuff disease given his clinical findings, a type 3 acromion, and atrophy of the supraspinatus tendon. The 8/7/14 utilization review denied the request for right shoulder surgery based on failure to meet guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder subacromial decompression with possible biceps tenodesis, synovectomy and debridement: Overturned

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

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 (ODG), for repair of partial thickness rotator cuff tears and impingement surgery, 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. The ODG support the use of biceps tenodesis as part of a larger shoulder surgery. Guideline criteria have been met. This patient presents with positive impingement signs, rotator cuff weakness, supraspinatus atrophy, and imaging evidence of impingement. Reasonable conservative treatment has been tried and failed to provide sustained improvement over the past several years. Therefore, this request is medically necessary.