

Case Number:	CM14-0153721		
Date Assigned:	09/23/2014	Date of Injury:	02/21/2013
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 51-year-old male laborer sustained an industrial injury on 2/21/13. Injury occurred when his work glove got caught on a conveyor belt and pulled his right arm. The 3/7/14 right shoulder MRI impression documented a full thickness full grade supraspinatus tendon tear with retraction. The humeral head was slightly high riding. There was acromioclavicular joint arthropathy with a relatively large inferior projecting osteophyte primarily in the distal clavicle. The 7/30/14 treating physician report cited continued shoulder pain and functional loss. Right shoulder exam documented 4/5 external rotation strength and positive impingement, Hawkin's, and Speed's tests. There was tenderness over the rotator cuff and biceps tendon. The patient was noted to have right shoulder impingement, rotator cuff strain, biceps tendonitis, and high riding humerus. The patient had failed 15 months of conservative treatment, including physical therapy and corticosteroid injection. Right shoulder surgery was requested to include distal clavicle resection, rotator cuff repair, evaluation of the labrum, and biceps tendon release. The 8/12/14 utilization review denied the request for right shoulder surgery as there was no official MRI available for review. The 9/24/14 treating physician appeal letter cited daily grade 8/10 right shoulder pain with frequent spasms, numbness, and tingling in the arm. Right arm weakness was noted with gripping and grasping. There was significant functional limitation in activities of daily living. Right shoulder lateral abduction was 75 degrees with forward abduction of 90 degrees. The patient had exhausted conservative treatment including corticosteroid injection, physical therapy, medications, home exercise, and activity modification over the past 15 months with no sustained benefit. The treating physician again requested right shoulder distal clavicle resection, rotator cuff repair, labral evaluation, and biceps tendon release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder distal clavicle excision, RCR, eval. labrum biceps tendon release:

Overtured

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

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 impingement; Surgery for rotator cuff repair

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 provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Guidelines for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, and positive imaging evidence of rotator cuff deficit. Guideline criteria have been essentially met. Subjective and clinical exam findings are consistent with imaging evidence of full thickness rotator cuff tear with retraction, and findings of impingement. Evidence of 15 months of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is significant pain and functional limitation documented. Therefore, this request is medically necessary.