

<b>Case Number:</b>	CM14-0159780		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	05/01/2001
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Spine Surgery, and is licensed to practice in Texas. 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:

The injured worker is a 57-year-old male who reported an injury on 05/01/2001 due to an unspecified cause of injury. The injured worker complained of neck pain, left shoulder pain, and left elbow pain. The diagnoses included musculoskeletal pain, chronic abdominal pain, opiate dependence, and lateral epicondylitis. The injured worker had left two shoulder surgeries, along with right hand and left elbow surgeries. The MRI of the left shoulder dated 08/02/2013 revealed a tear to the supraspinatus tendon 2 cm proximal to the insertion site and greater tuberosity with fluid in the subacromial/subdeltoid bursa indicating a full thickness tear. A moderate amount of joint effusion, separating of the AC joint by 1 cm with spur formation of the joint impinging on the supraspinatus muscle tendon junction near the rotator cuff, fluid surrounding the biceps tendon and the bicipital tendon groove which may represent tenosynovitis, and no other abnormalities noted. The past treatments included physical therapy, medications, injections, and rest. The physical examination dated 07/31/2014 revealed a well-developed, well-nourished male in marked distress with a positive impingement sign to the left shoulder, and with weakness to internal rotation. The treatment plan included a rotator cuff repair to the left shoulder. The Request for Authorization form dated 08/14/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op Clearance Prior to Surgery wit H&P:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**CBC, CMP, PT, PTT, UA, CXR, EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pain Pump DME for post op Pain Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Opa left shoulder with 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 8 Neck and Upper Back Complaints Page(s): 209-210.

**Decision rationale:** The request for the open left shoulder with rotator cuff repair is not medically necessary. The California MTUS/ACOEM indicates that referral for surgical consultation may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) Activity limitation for more than four months, plus existence of a surgical lesion. Failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Surgical considerations depend on the working or imaging-confirmed diagnosis of the presenting shoulder's complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or smaller full thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The preferred procedure is usually arthroscopic decompression, which involves debridement of inflamed tissue, burring of the anterior acromion, lysis and, sometimes, removal of the coracoacromial ligament, and possibly removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. Lesions of the rotator cuff are a continuum, from mild supraspinatus tendon degeneration to complete ruptures. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. Studies evaluating results of conservative treatment of full-thickness rotator cuff tears have shown an 82 to 86% success rate for patients presenting within three months of injury. The efficacy of arthroscopic decompression for full-thickness tears depends on the size of the tear; one study reported satisfactory results in 90% of patients with small tears. A prior study by the same group reported satisfactory results in 86% of patients who underwent open repair for larger tears. Surgical outcomes of rotator cuff tears are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. The documentation indicated that the injured worker had a full thickness tear to the left shoulder. The physical examination to the left shoulder was vague. The clinical note indicated that the x-ray of the left shoulder showed no progression of degenerative changes. On 04/10/2014, the injured worker was prescribed Norco to alleviate the pain and discomfort. However, the documentation did not reveal or was not evident of follow-up for the efficacy of the Norco. The office visit from 07/31/2014 indicated that the musculoskeletal pain was to the back and right hip radiating down his leg, no indication of left shoulder pain. Negative for joint pain, joint swelling, and muscle weakness. The clinical note also indicated normal range of motion, muscle strength and stability to all extremities with no pain on inspection. The injured worker underwent physical therapy; however, the only documented physical therapy was for the left elbow, which indicated a good prognosis. The physical examination of the left shoulder was not evident of a decreased abduction. As such, the request is not medically necessary.