

Case Number:	CM14-0168002		
Date Assigned:	10/29/2014	Date of Injury:	05/22/2014
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 Minnesota. 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 52 year old male with a history of 5 previous surgical procedures on the left shoulder. He lifted a case of water and had recurrent shoulder pain similar to the pain before his last surgery. Prior surgeries were in 2002, 2004, and 2008. An exam revealed some weakness of abduction/external rotation to resistance, impingement signs are mildly positive, slight discomfort over acromioclavicular joint, labral signs present and slight pain over bicipital groove. An x-ray shows a bone anchor on top of glenoid, and defects in proximal humerus consistent with biceps tenodesis. An MRI on 7/10/2014 revealed a fluid collection in the infraspinatus tendon 5-6 mm consistent with a tear. There was suspicion of anterosuperior labrum tear but no definite tears seen. Multiple issues suspected but no pain generator is identified. The disputed request pertains to a repeat surgical procedure with arthroscopy and possible rotator cuff repair, possible biceps tenodesis, possible redo subacromial decompression, and distal clavicle resection. The worker is refusing physical therapy. No corticosteroid injection is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with possible rotator cuff repair and possible biceps tenodesis, distal clavicle resection and redo subacromial decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 210,211.

Decision rationale: The injured worker has had 5 previous surgical procedures on the left shoulder. No conservative treatment is documented. The California MTUS guidelines indicate surgical considerations for activity limitation more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength even after an exercise program, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both short and long term from surgical repair. The diagnosis here is in doubt and is not confirmed clinically or on imaging studies. The pain generator has not been clearly identified. Selective injections may be helpful to identify the pain generator and develop a planned surgical approach. For subacromial decompression conservative care including cortisone injections should be carried out for at least 3-6 months before considering surgery. Ruptures of the long head of biceps should always be managed conservatively per guidelines. The acromioclavicular joint does not appear to be the pain generator and there has been a prior resection of the distal clavicle on imaging studies. The MRI findings do not show clear evidence of a surgical lesion. The 5-6 mm fluid signal in the infraspinatus tendon needs to be compared with the previous MRI and may not represent a tear. Identification of the pain generator with selective injections is necessary before consideration of surgery. Medical necessity of the requested arthroscopy with possible rotator cuff repair, possible biceps tenodesis, possible subacromial decompression and possible distal clavicle resection is therefore not established per guidelines and is considered not medically necessary.