

Case Number:	CM14-0172718		
Date Assigned:	10/23/2014	Date of Injury:	05/08/2014
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/20/2014

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 Surgeon and Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 70-year-old male who reported injury on 05/08/2014. The mechanism of injury was not provided. The surgical history was not provided. The documentation indicated the injured worker underwent an MRI of the right shoulder on 07/02/2014, which revealed a high grade full thickness near full width supraspinatus tear with a majority of the fibers retracted to the acromial level. Some posterior fibers remained intact. There was mild atrophy and fatty infiltration of the muscle belly. There was a low grade partial thickness insertion subscapularis insertion tear with concealed intrasubstance extension. There was no full thickness component. There was mild fatty infiltration of the infraspinatus and teres minor muscle bellies. There was mild glenohumeral osteoarthritis with a moderate joint effusion and increased subdeltoid/subacromial bursal fluid compatible with bursitis. There was mild to moderate acromioclavicular arthrosis noted. There was a torn and retracted long head biceps tendon beyond the occipital groove. The documentation of 09/03/2014 revealed the injured worker had complaints referable up to the right shoulder. The injured worker had pain in the right shoulder off and on for a couple of years. The injured worker attributed the onset of the symptoms due to building forms and heavy lifting involved in his job. Prior treatments included physical therapy and Aleve. The injured worker complained of constant aching to dull pain along the top of the shoulder with pain extending to the right elbow. The pain increased with lifting and abrupt movements. The physical examination of the shoulder revealed the injured worker had active shoulder motion near full but it was noted to be painful. The injured worker was nontender to palpation of the acromioclavicular joint. The injured worker was noted to have an obvious ruptured long head of the biceps tendon. The injured worker had a tender core acromial arch. There was no tenderness, atrophy, or palpable abnormality. The empty beer can test and abrasion sign were positive. The injured worker underwent an x-ray of the right shoulder, which

revealed a type 2 acromion on the supraspinatus outlet view. The acromiohumeral interval was slightly decreased. The acromioclavicular joint had early degenerative changes. There was no calcium deposit in the rotator cuff tendons. There was no fracture, dislocation, subluxation, arthritis, or other abnormality noted. The diagnoses included ruptured long head of the biceps tendon, and full thickness right supraspinatus tendon tear. The treatment plan included over the counter NSAIDs and no immobilization. Surgical recommendation included possible labral repair, long head of the biceps tenodesis or tenotomy, subacromial decompression, distal clavicle resection, and rotator cuff tear repair. The documentation indicated the injured worker was not given a cortisone injection. This request was previously denied as there was no documentation indicating the injured worker had undergone a cortisone injection. There was a Request for Authorization submitted for the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic right shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy versus tenodesis, labral repair, subacromial decompression and distal clavicle excision:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a referral for surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines indicate that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly in active younger workers and that surgery for impingement syndrome is usually arthroscopic decompression and it is not recommended for injured workers with mild symptoms or those who have no activity limitations. There should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery and there should be documentation of rotator cuff disruption. The clinical documentation indicated the injured worker had active shoulder motion that was near full but painful. There was no other tenderness, atrophy, or palpable abnormality. This request would not be supported as there was no documentation of limited activity or weakness of the arm on elevation or rotation. Given the above, the request for a diagnostic right shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy versus tenodesis, labral repair, subacromial decompression and distal clavicle excision is not medically necessary.

Post-operative shoulder abduction sling for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

Decision rationale: Since the primary procedure isn't medically necessary, none of the associated services are medically necessary.