

Case Number:	CM14-0173542		
Date Assigned:	10/24/2014	Date of Injury:	03/19/2014
Decision Date:	12/03/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 53 year old female with a date of injury on March 19, 2014. She was employed as a chef and reported injury due to lifting cases of chicken. Initial conservative treatment included activity and work modification, physical therapy, and anti-inflammatory medications. The May 22, 2014 right shoulder magnetic resonance imaging scan documented supraspinatus tendinopathy with bursal sided fraying and degeneration but no tear was seen. There was a posterolateral labral tear with a large paralabral cyst extending behind the glenoid into the suprascapular notch. Findings documented the acromion process was a curve Type II undersurface. There was acromioclavicular joint arthrosis with inferior osteophytes. The June 17, 2014 initial orthopedic report cited persistent moderate to severe right shoulder pain with popping despite activity modification, anti-inflammatory medication, and physical therapy. Physical exam documented mild subacromial tenderness and positive Hawkin's, Neer's, and Load and Shift tests. Range of motion testing documented flexion 130, abduction 95, and external rotation 90 degrees with internal rotation to L2. Pain was reported in all motions. There was mild pain and 4+/5 weakness with resisted external rotation and supraspinatus testing. The diagnosis was supraspinatus tendinosis, superior labrum anterior posterior (SLAP) lesion, and impingement syndrome. The treatment plan recommended an intra-articular corticosteroid injection. A left shoulder injection was provided on July 15, 2014.. The October 7, 2014 treating physician report cited continued significant left shoulder pain and popping. The injured worker reported marked weakness with use, especially with lifting pots and pans. Pain limited sleep to 2 to 3 hours at night. The July 15, 2014 injection provided short term relief. Physical exam documented moderate subacromial tenderness and 4+/5 external rotation, internal rotation, and supraspinatus weakness. There was pain with resisted motion and positive empty can, Hawkin's, Neer's, and Load and Shift tests. Range of motion was limited to flexion 120, abduction 90, and

external rotation 90 degrees. The treating physician reported the injured worker had attended one physical therapy with marked pain so she did not continue and a magnetic resonance imaging (MRI) was ordered. She had a positive diagnostic impingement test. There was positive imaging evidence of impingement relative to a Type II acromion, bursal sided tendinopathy, and acromioclavicular joint arthrosis. The treatment plan recommended right shoulder arthroscopy, subacromial decompression, labral debridement and/or repair, and possible rotator cuff debridement. The October 11, 2014 utilization review denied the right shoulder surgery and associated requests as the injured worker had not exhausted conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 right shoulder arthroscopy, subacromial decompression, labral debridement and/or repair, rotator cuff debridement.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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 syndrome; Surgery for SLAP lesions

Decision rationale: The California Medical Treatment Utilization Schedule 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 and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. The Official Disability Guidelines recommend surgery for superior labrum anterior and posterior lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. There are subjective, objective, and imaging findings consistent with labral and rotator cuff pathology and impingement. Significant functional impairment in work activities is documented. Guideline criteria have been met. There is evidence of 3 to 6 months of reasonable conservative treatment without sustained improvement. Therefore, this request is medically necessary.

Associated surgical service: prospective request for 12 post-op physical therapy sessions.: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines for rotator cuff and impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and is consistent with guideline recommendations. Therefore, this request is medically necessary. The associated surgical request has been found medically necessary.

Associated surgical service: prospective request for 1 cold therapy unit for 7 days.:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy

Decision rationale: The California Medical Treatment Utilization Schedule guidelines are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for up to 7 days, including home use. This request is consistent with guidelines and is therefore medically necessary. The associated surgical request has been found medically necessary.