

Case Number:	CM14-0020143		
Date Assigned:	04/25/2014	Date of Injury:	04/04/2010
Decision Date:	07/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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 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:

Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant moderate right shoulder pain and stiffness radiating to the arm and hand with numbness and tingling, aggravated by cold weather, repetitive movement, lifting, reaching, squeezing, pushing, pulling, and overhead reaching. On physical examination of, there was tenderness of the right anterior shoulder, posterior shoulder, and acromioclavicular joint. Yergason's, Hawkins' and supraspinatus press tests caused pain on the right. Range of motion of the right shoulder was restricted in all planes. An MRI of the right shoulder dated March 23, 2013 revealed hooked and anteriorly downsloping acromion with associated osteoarthritis of the acromioclavicular joint; partial intrasubstance tear of the supraspinatus tendon; infraspinatus tendinosis; partial thickness tear of the horizontal segment of biceps tendon; SLAP type II; small synovial effusion; and subacromial/subdeltoid and subcoracoid fluid. Utilization review from January 27, 2014 denied the request for distal clavicle resection, right shoulder, and arthroscopy, SAD, debridement vs RTC repair, biceps tenotomy because a recent medical report with a comprehensive physical examination of the right shoulder was not provided for review and there was no documentation of failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISTAL CLAVICLE RESECTION RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Partial Claviclectomy (Mumford Procedure).

Decision rationale: CA MTUS does not specifically address partial claviclectomy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that the criteria for partial claviclectomy include the following, wherein all should be present to consider the procedure as medically necessary: at least 6 weeks of conservative care directed toward symptom relief prior to surgery; subjective and objective clinical findings supporting the diagnosis of AC joint pathology; and imaging findings showing positive AC joint pathology. In this case, although subjective and objective clinical findings support the diagnosis of AC joint pathology, there was no discussion regarding trial and failure of conservative management. The criteria were not met; therefore, the request for Distal Clavicle Resection Right Shoulder is not medically necessary.

RIGHT SHOULDER ARTHROSCOPY; SAD (SUBACROMIAL DECOMPRESSION); DEBRIDEMENT VS. ROTATOR CUFF (RTC) REPAIR, BICEPS TENOTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, Shoulder Chapter.

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 Chapter, Surgery For Rotator Cuff Repair.

Decision rationale: CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. ODG states that criteria for rotator cuff repair or anterior acromioplasty with diagnosis of partial thickness rotator cuff tear or acromial impingement syndrome are the following, wherein all should be fulfilled in order for the procedure to be deemed medically necessary: 3-6 months of conservative care; subjective findings of pain with active arc motion, 90 to 130 degrees, and pain at night; objective findings of weak abduction and tenderness over the rotator cuff are and positive impingement sign; and imaging findings showing positive evidence of deficit in the rotator cuff. In this case, although MRI findings revealed rotator cuff pathology, there was no discussion regarding trial and failure of conservative care. Furthermore, the medical records failed to indicate subjective findings of pain with active arc motion at and pain at night. Moreover, guidelines state that 80% of patients with partial thickness rotator cuff tear or

acromial impingement syndrome will get better without surgery. The criteria were not met; therefore, the request for Right Shoulder Arthroscopy; Sad (Subacromial Decompression); Debridement Vs. Rotator Cuff (RTC)Repair, Biceps Tenotomy is not medically necessary.