

Case Number:	CM14-0024934		
Date Assigned:	06/11/2014	Date of Injury:	07/26/2012
Decision Date:	10/09/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/27/2014

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 59-year-old female with a reported date of injury of 06/26/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include glenohumeral arthritis with rotator cuff tear, cervical radiculitis, thoracic sprain, and carpal tunnel syndrome. Her previous treatments were noted to include physical therapy, subacromial injections, linament, medications, reduced activities, and surgery. An MR arthrogram of the right shoulder performed 12/17/2013 revealed evidence of a prior rotator cuff repair; an almost full thickness tear of the supraspinatus tendon with retraction to the 12 o'clock axis was noted. Also noted was a partial thickness undersurface tear anteriorly in the infraspinatus tendon that extended to the musculotendinous junction. There was atrophy of the supraspinatus and infraspinatus muscles noted. There was a tear of the anterior superior labrum with contrast seen along the anterior superior labrum and osteoarthritis at the acromioclavicular joint. The progress note dated 12/30/2013 revealed complaints of right shoulder pain aggravated by lifting and movement associated with decreased mobility and joint tenderness. The physical examination revealed active painful range of motion with atrophy to the right extremity with crepitus and tenderness. There was a positive Hawkins, Neer's, strength, and supraspinatus to the right side. The progress note dated 02/05/2014 revealed right shoulder pain aggravated by lifting and movement with no relieving factors. Associated symptoms included decreased mobility, joint tenderness, nocturnal awakening, and weakness. The pertinent negatives including bruising, crepitus, difficulty initiating sleep, joint instability, limping, locking, nocturnal pain, numbness, popping, spasms, swelling, and tingling in the arms and legs. The physical examination revealed crepitus and tenderness to the right side with diffuse tenderness and positive Hawkins and Neer's. The Request for Authorization form was not submitted within the medical records. The request was for a right shoulder: rotator cuff repair

and reconstruction, evaluate and reconstruct labrum if indicated, subacromial bursectomy, and subacromial decompression if indicated, including acromioclavicular joint resection if indicated; Zipsor 25 mg 1 tablet 4 times a day for inflammation; Norco 10/325 mg 1 tablet every 4 to 6 hours as needed for pain; and length of stay for procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

LENGTH OF STAY FOR PROCEDURE: Upheld

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

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

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

RIGHT SHOULDER: ROTATOR CUFF REPAIR AND RECONSTRUCTION, EVALUATE AND RECONSTRUCT LABRUM IF INDICATED, SUBACROMIAL BURSECTOMY AND SUBACROMIAL DECOMPRESSION IF INDICATED, INCLUDING ACROMIOCLAVICULAR JOINT RESECTION IF INDICATED: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Rotator Cuff Repair.

Decision rationale: The request for right shoulder: rotator cuff repair and reconstruction, evaluate and reconstruct labrum if indicated, subacromial bursectomy and subacromial decompression if indicated, including acromioclavicular joint resection if indicated is not medically necessary. The injured worker had a previous rotator cuff repair in 08/2013. The CA MTUS/ACOEM Guidelines state 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 3 months. The preferred procedure is usually arthroscopic decompression, which involves debridement of the 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 for those whose activities are not limited. The guidelines state lesions of the rotator cuff are a continuum, for mild supraspinatus tendon degeneration to

complete ruptures. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full evulsions 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 3 months of injury. The efficacy of arthroscopic decompression for full thickness tears depends on the size of the tear; 1 study reports 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 and in older patients who may be suffering from degenerative changes in the rotator cuff. The Official Disability Guidelines state for revision rotator cuff tear, the results of the revision of the rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good quality rotator cuff tissue, preoperative elevation above the horizontal, and only 1 prior procedure. There was a lack of documentation regarding current measurable functional deficits and quantifiable objective functional improvements from previous physical therapy sessions. The MRI indicated there was atrophy of the supraspinatus and infraspinatus tendons and the guidelines recommend for revision, good quality rotator cuff tissue. Therefore, the request is not medically necessary.