

Case Number:	CM14-0032816		
Date Assigned:	06/20/2014	Date of Injury:	08/06/2011
Decision Date:	08/08/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/14/2014

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:

66-year-old male injured worker with industrial injury dated 08/06/11. A magnetic resonance (MR) arthrogram of 11/27/12 demonstrates tear of the supraspinatus tendon with 2.5 cm of retraction, along with thickening of the infraspinatus without a complete tear; and no labral tear. Prior surgeries include radiofrequency bilateral L3, L4, medial branches and the L5, dorsal ramus under fluoroscopy on exam note 01/23/13. An exam note dated 12/04/13 states patient returned with a chief complaint of left shoulder and back pain radiating down to buttocks/thighs. The exam note also mentions [REDACTED] requests left shoulder arthroscopy and rotator cuff debridement versus repair along with recommending a continuation of the medications, sessions of aquatic therapy, and acupuncture. An exam note from 1/29/14 demonstrates left shoulder active range of motion 0-100 degrees, abduction 90 degrees, extension 45 degrees, external rotation 45 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

L SHOULDER ARTHROSCOPY, BICEPS TENODESIS, DEBRIDEMENT, CALCIFIC TENDONITIS, POSSIBLE RCT, SLAP REP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for ruptured biceps tendon.

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

Decision rationale: According to the MTUS Shoulder Chapter, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injections and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 12/4/13 do not demonstrate 4 months of failure of activity modification. The physical exam from 1/29/13 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. While there is evidence of pathology in the rotator cuff from 11/27/12, this in isolation does not satisfy the guidelines. Therefore the request is not medically necessary.

ACUPUNCTURE TO LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, frequency and duration of acupuncture, or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (4) Acupuncture treatments may be extended if functional improvement is documented. The guidelines specifically report 3-6 treatments initially. In this case there is insufficient evidence in the records of prior visits of acupuncture performed, as well as the response to the prior treatments. In addition the 12 visits requested exceed the guideline recommendations. Therefore the request is not medically necessary.