

Case Number:	CM14-0037756		
Date Assigned:	06/25/2014	Date of Injury:	12/03/2010
Decision Date:	12/30/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/29/2014

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 Occupational Medicine, 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:

The patient is a 47-year-old female who has submitted a claim for rotator cuff tear and impingement syndrome of the left shoulder, associated with an industrial injury date of 12/3/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder pain radiating to the forearm and neck, aggravated by reaching, pulling, and lifting. Physical examination showed positive Spurling's maneuver to the left, limited motion of the left shoulder (flexion of 120 degrees, abduction of 115 degrees, internal rotation of 65 degrees, external rotation of 90 degrees, extension of 40 degrees, and adduction of 30 degrees), tenderness over the upper trapezius and scapular spine, positive pain during O'Brien's and Neer's tests, positive scapular pain during Hawkin's test, and normal motor strength. The MRI of the left shoulder, dated 1/7/2012, showed a small tear of the supraspinatus and injury to the posterior labrum. The MRI of the left shoulder, dated 12/18/2013, demonstrated very low-grade intrasubstance tearing at the footprint of the supraspinatus tendon, involving approximately 10% of the tendon thickness. There was mild tendinosis of the subscapularis and infraspinatus tendons. There was also tearing of the posterosuperior and superior labrum, extending from the 10:00 to the 12:00 position, with a small associated paralabral cyst posterosuperiorly. The x-ray and MRI of the cervical spine were normal. Treatment to date has included medications and physical therapy, which did not provide relief of symptoms. The utilization review from 3/20/2014 denied the request for left shoulder arthroscopy SAD / possible labral / cuff repair because of no positive evidence of structural deficit in rotator cuff and there was no trial of corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy SAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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 Section, Surgery For Impingement Syndrome

Decision rationale: CA MTUS ACOEM Practice Guidelines Chapter 9 supports surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. In addition, ODG states that criteria for shoulder impingement syndrome include: failure of conservative care, present of painful arc, weak or absent abduction, positive impingement sign, and evidence of impingement on imaging. In this case, the patient complained of left shoulder pain aggravated by reaching, pulling, and lifting. Physical examination showed limited motion of the left shoulder (flexion of 120 degrees, abduction of 115 degrees, internal rotation of 65 degrees, external rotation of 90 degrees, extension of 40 degrees, and adduction of 30 degrees), tenderness over the upper trapezius and scapular spine, positive pain during O'Brien's and Neer's tests, positive scapular pain during Hawkin's test, and normal motor strength. The MRI of the left shoulder, dated 1/7/2012, showed a small tear of the supraspinatus and injury to the posterior labrum. The MRA of the left shoulder, dated 12/18/2013, demonstrated very low-grade intrasubstance tearing at the footprint of the supraspinatus tendon, involving approximately 10% of the tendon thickness. There was mild tendinosis of the subscapularis and infraspinatus tendons. There was also tearing of the posterosuperior and superior labrum, extending from the 10:00 to the 12:00 position, with a small associated paralabral cyst posterosuperiorly. However, it is unclear if conservative measures have been exhausted. There is no evidence of a trial of steroid injection to the shoulder. Moreover, there is only minimal surgical lesion present on both MRI and MRA. Guideline criteria are not met. Therefore, the request for left shoulder arthroscopy SAD is not medically necessary.

Possible labral/cuff repair: 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)

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 Section, Surgery For Rotator Cuff Repair

Decision rationale: CA MTUS ACOEM Practice Guidelines Chapter 9 supports surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. In addition, ODG states that criterion for rotator cuff repair includes a diagnosis of full thickness tear and cervical pathology has been ruled out. In this case, the patient complained of left shoulder pain radiating to the forearm and neck aggravated by reaching, pulling, and lifting. Physical examination showed positive Spurling's maneuver to the left, limited motion of the left shoulder (flexion of 120 degrees, abduction of 115 degrees, internal rotation of 65 degrees, external rotation of 90 degrees, extension of 40 degrees, and adduction of 30 degrees), tenderness over the upper trapezius and scapular spine, positive pain during O'Brien's and Neer's tests, positive scapular pain during Hawkin's test, and normal motor strength. The MRI of the left shoulder, dated 1/7/2012, showed a small tear of the supraspinatus and injury to the posterior labrum. The MRA of the left shoulder, dated 12/18/2013, demonstrated very low-grade intrasubstance tearing at the footprint of the supraspinatus tendon, involving approximately 10% of the tendon thickness. There was mild tendinosis of the subscapularis and infraspinatus tendons. There was also tearing of the posterosuperior and superior labrum, extending from the 10:00 to the 12:00 position, with a small associated paralabral cyst posterosuperiorly. Although, the x-ray and MRI of the cervical spine were normal, the patient presented with manifestations pertaining to a cervical pathology, i.e., neck pain radiating to the ipsilateral arm and positive Spurling's maneuver to the left. Moreover, it is unclear if conservative measures have been exhausted. There is no evidence of a trial of steroid injection to the shoulder. Lastly, there is only minimal surgical lesion present on both MRI and MRA. Guideline criteria are not met. Therefore, the request for possible labral / cuff repair is not medically necessary.