

Case Number:	CM14-0037812		
Date Assigned:	06/27/2014	Date of Injury:	08/02/2012
Decision Date:	08/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/31/2014

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 Orthopaedic 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:

This 52-year-old female sustained an industrial injury on 8/2/12, relative to repetitive motion. The diagnosis was bilateral shoulder rotator cuff tendonitis with possible tears. The 11/30/13 right shoulder MRI results showed moderate distal supraspinatus tendinosis with low grade partial thickness interstitial tearing distally without significant supraspinatus tendon retraction or muscle atrophy. There was mild subscapularis tendinosis with low grade partial thickness tearing and mild infraspinatus tendinosis. There was no high-grade partial or full thickness rotator cuff tear, tendon retraction or muscle atrophy. There was mild biceps tendinosis and mild degenerative changes of the superior and anterior labrum with no labral displacement. There was lateral downsloping of the type II acromion, with increased anatomic risk for impingement of the rotator cuff. The 1/30/14 treating physician report cited on-going bilateral shoulder pain. Bilateral shoulder exam documented subacromial tenderness anteriorly and laterally over the acromioclavicular (AC) joint. Impingement, supraspinatus, and AC joint compression tests were positive bilaterally. Bilateral shoulder range of motion demonstrated symmetrical motion with flexion 150 degrees and abduction 140 degrees. Previous shoulder injury was reported 6 years prior, treated successfully with cortisone injection. Bilateral shoulder MRIs were recommended. The 3/10/14 utilization review denied the request for left shoulder arthroscopy as guideline-recommended conservative treatment was not evident. The 3/13/14 treating physician report indicated symptoms had localized to the left shoulder with progressive pain. Physical exam findings were unchanged. Authorization was requested for left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left shoulder arthroscopy, Mumford procedure, debridement, subacromial decompression, superior labral tear from anterior to posterior lesion (SLAP), and rotator cuff repair (RCR): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 SLAP lesions, Partial claviclectomy.

Decision rationale: The ACOEM guidelines state that surgery for partial thickness rotator cuff tears presenting primarily as impingement is reserved for cases failing conservative therapy for 3 months. Relative to arthroscopic decompression, guidelines state that conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. The Official Disability Guidelines state that surgical intervention for SLAP lesions may be considered for patients failing conservative treatment. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. Therefore, this request for outpatient left shoulder arthroscopy, Mumford procedure, debridement, subacromial decompression, superior labral tear from anterior to posterior lesion (SLAP), and rotator cuff repair (RCR) is not medically necessary.