MAXIMUS Federal Services

Case Number:	CM14-0038633		
Date Assigned:	06/27/2014	Date of Injury:	09/13/2009
Decision Date:	08/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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:

The injured worker is a 43-year-old male who reported an injury on 09/13/2009. The injured worker underwent prior treatments including 2 surgical interventions. The mechanism of injury was the injured worker was pulling an air hose out of a hose reel when he felt a dull anxiety type of pain. The injured worker underwent an MRI of the right shoulder without contrast on 12/17/2013, which revealed a posterior/inferior labral tear with an associated 1 cm labral cyst extending inferiorly. There was a focal full thickness perforation involving the distal supraspinatus tendon posteriorly. There was an adjacent partial thickness articular surface fiber involving the infraspinatus tendon. Prior treatments included physical therapy and cortisone injections. The injured worker underwent an examination on 12/27/2013, which revealed the injured worker had a moderate to severe decrease in all planes of range of motion. The diagnosis was shoulder pain. The injured worker had a positive right shoulder apprehension, Codman's, and supraspinatus test. The request was made for a right shoulder surgery. The documentation of 03/17/2014 revealed the injured worker had 2 shoulder surgeries. It was indicated that pain in the shoulder region limited overhead reaching, and caused pain with pushing, pulling, and lifting. The injured worker had a positive Hawkins and Neer's test, and had pain with the Speed's test in the region of the biceps tendon. The cross-body adduction test did not create pain over the AC joint and the AC joint was nontender. The diagnoses included right shoulder bursal sided supraspinatus tendon partial tear, right shoulder biceps tendinitis, and right shoulder inferior labral tear with paralabral cyst. The treatment plan included a Right shoulder surgery- repair of the partial supraspinatus tendon and biceps tenodesis. This request was previously denied due to a lack of documentation of a failure of conservative care including an injection since 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery- repair of the partial supraspinatus tendon and biceps tenodedis.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The ACOEM Guidelines indicate surgical consultations may be appropriate for injured workers who have activity limitiations for more than 4 months, plus the existence of a surgical lesion; a documentation of a failure to increase range of motion and strength of the musculature around the shoulder, even after exercise programs; and a clear clinical and imaging evidence of a lesion that has been shown to benefit in the both short- and long-term from surgical repair. Additionally, the ACOEM Guidelines indicate that rotator cuff tears are frequently partial thickness or small full thickness tears. For partial thickness tears, surgery is reserved for cases failing conservative therapy for 3 months. The objective findings revealed the injured worker had a partial thickness tear. There was documentation the injured worker had prior conservative care, including injections, and that there was a failure of conservative care. The injured worker had objective fidings upon physical examination. This portion of the request would be supported. The ACOEM Guidelines indicate that ruptures of the proximal long head of the biceps tendon are usually due to degenerative changes and generally respond to conservative care. The documentation indicated the injured worker had objective findings upon examination, objective findings on MRI, and had limitation of function. This portion of the surgical intervention would be supported. Given the above, the request for a right shoulder surgery repair of the partial supraspinatus tendon and biceps tenodesis is medically necessary.