

Case Number:	CM14-0041790		
Date Assigned:	06/20/2014	Date of Injury:	05/10/2012
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
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:

This 70-year-old female sustained an industrial injury on 5/10/12. The mechanism of injury is not documented. Past medical history was positive for diabetes. The 6/12/12 left shoulder MRI (magnetic resonance imaging) documented a type II acromion with moderate proliferative changes of the acromioclavicular joint with impingement of the supraspinatus tendon. The 12/6/12 left shoulder MRI impression documented moderate supraspinatus and infraspinatus tendinosis with shallow articular and interstitial tearing, mild adhesive capsulitis, and degeneration of the anterior superior labrum. The 12/17/13 agreed medical evaluator (AME) report cited persistent left shoulder pain and weakness with associated functional difficulty in activities of daily living and sleep disturbance. Left shoulder exam documented painful arc of motion, pain with resisted internal/external rotation, positive impingement, acromioclavicular joint and biceps tenderness, and limited range of motion. Conservative treatment had included cortisone injection, acupuncture, physical therapy, and activity modification. The patient was a diabetic and had an adverse reaction to the corticosteroid injection. The AME opined the patient was a reasonable candidate for arthroscopy of the right shoulder. The 1/13/14 treating physician report cited continued worsening symptomatology with loss of range of motion. The diagnosis included left shoulder impingement and rotator cuff involvement. A request was submitted for out-patient left shoulder arthroscopy with possible rotator cuff repair, subacromial decompression, and distal clavicle excision, with medical clearance and assistant surgeon. The 3/5/14 utilization review denied the left shoulder surgery request based on lack of adequate history, physical exam, and imaging findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH POSSIBLE ROTATOR CUFF REPAIR, SUBACROMIAL DECOMPRESSION, AND DISTAL CLAVICLE EXCISION, WITH MEDICAL CLEARANCE AND ASSISTANT SURGEON, AS AN OUTPATIENT BETWEEN 3/32014 AND 4/17/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 2: Summary of Recommendations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff repair, Surgery for impingement, Partial claviclectomy.

Decision rationale: The California MTUS guidelines do not provide surgical recommendations for chronic shoulder injuries. The Official Disability Guidelines (ODG), for rotator cuff repair and impingement syndrome, requires three to six months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. The ODG criteria for partial claviclectomy generally require six weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. The Centers for Medicare & Medicaid Services (CMS) guidelines support the need for an assistant surgeon for these procedures. The guidelines criteria have been met. This patient presents with persistent left shoulder pain and functional limitation despite guideline recommended comprehensive conservative treatment. Clinical exam findings are consistent with imaging findings of rotator cuff and AC joint pathology with impingement. Medical clearance is appropriate for this 70-year-old diabetic. Therefore, this request for out-patient left shoulder arthroscopy with possible rotator cuff repair, subacromial decompression, and distal clavicle excision, with medical clearance and assistant surgeon, is medically necessary.