

Case Number:	CM14-0042464		
Date Assigned:	06/30/2014	Date of Injury:	09/11/2013
Decision Date:	07/23/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/08/2014

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 53-year-old female veterinary technician sustained an industrial injury on 9/11/13. Injury occurred while trying to restrain a very large dog. She was unable to lift her arm over her head following the incident. The 12/2/13 right shoulder MRI impression documented supraspinatus tendinopathy and laterally downsloping type II acromion with spur tip and acromioclavicular joint hypertrophy. Findings suggested subacromial and subdeltoid bursitis, probable non-displaced SLAP lesion, and fraying irregularity of the anterior and posterior labra without evidence of displaced tear. The 12/4/13 electrodiagnostic study findings could be consistent with a mild brachial plexus stretch injury. The 3/12/14 physical therapy progress report indicated that patient had completed 10 visits with no functional change documented. Range of motion was documented as 115 degrees flexion and 80 degrees abduction. There was 3+/5 abduction weakness. The 3/17/14 treating physician report cited right shoulder pain, worse after therapy. Physical exam findings documented anterior right shoulder tenderness with positive impingement sign, tenderness over the acromioclavicular (AC) joint and greater tuberosity, right supraclavicular tenderness, and pain with resisted external rotation. The patient had failed therapy and anti-inflammatories. Short term relief was noted with cortisone injections. MRI documented significant rotator cuff tendinitis with partial tearing. The 4/3/14 utilization review denied the request for right shoulder surgery as the clinical findings did not meet guideline criteria. The 4/21/14 treating physician appeal cited continued and worsening right shoulder pain. Right shoulder pain frequently wakes her at night. Right shoulder exam findings documented positive impingement sign, tenderness over the AC joint and greater tuberosity, painful arc of motion from 90 to 150 degrees, and pain with resisted external rotation. The subacromial injection test provided complete relief of her right shoulder pain. The diagnosis was right shoulder rotator cuff tendinosis with partial tearing and right brachial plexus injury. The patient

has undergone conservative treatment for 8 months. Imaging findings were consistent with exam findings. The treating physician appealed the utilization review denial of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder acromioplasty, distal clavicle excision and possible rotator cuff repair:

Overtaken

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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 impingement syndrome, Partial claviclectomy, Surgery for rotator cuff repair.

Decision rationale: The Official Disability Guidelines for acromioplasty require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. Guideline criteria for partial claviclectomy generally require 6 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. Criteria for rotator cuff repair of partial thickness tears generally require 3 to 6 months of conservative treatment. Subjective criteria include pain with active arc of motion 90 to 130 degrees and pain at night. Objective criteria include weak or absent abduction and tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging/clinical findings showing positive evidence of rotator cuff deficit are required. Guideline criteria have been met. This patient presents with persistent function-limiting right shoulder pain. There is documentation of weak abduction, positive impingement sign with positive diagnostic injection test. The patient has AC joint tenderness, painful arc of motion, night time pain, and anterior acromial tenderness. Imaging evidence documented rotator cuff tendinopathy, partial rotator cuff tear, acromial findings suggestive of impingement, and AC joint hypertrophy. The patient has failed over 8 months of guideline-recommended conservative treatment. Therefore, this request for right shoulder acromioplasty, distal clavicle excision, and possible rotator cuff repair is medically necessary.