

Case Number:	CM14-0054931		
Date Assigned:	07/07/2014	Date of Injury:	04/11/2008
Decision Date:	12/03/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/24/2014

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 60-year-old female cashier/clerk sustained an industrial injury on 4/11/08. Injuries were reported to the neck, right shoulder, and left thumb from repetitively lifting cases of beer and unscrewing liquor bottle security caps. Past medical history was positive for smoking, shortness of breath, hypertension, and hyperlipidemia. Past surgical history was positive for an anterior cervical discectomy and fusion C4-6 on 10/10/08. The 1/5/11 right shoulder MRI revealed acromioclavicular arthropathy, full thickness supraspinatus tear, and possible superior labral tear. She underwent left shoulder arthroscopy with synovectomy, superior labral debridement, subacromial decompression, and rotator cuff repair on 5/20/13 and completed 24 post-op physical therapy sessions as of 11/14/13. The 1/22/14 treating physician report indicated the patient was slowly improving following her left shoulder surgery on 5/20/13 with less pain and continued weakness. She was performing home exercises. Right shoulder pain was only intermittent. Right shoulder exam documented forward flexion 120, abduction 85, external rotation 45, and internal rotation 25 degrees. She had a positive O'Brien's and impingement test. Drop arm test was negative. The diagnosis was right shoulder full thickness rotator cuff tear. The treatment plan included continued home exercise program for the left shoulder. Norco and ibuprofen were prescribed. The patient was not working with permanent disability. A 3/13/14 request for right shoulder arthroscopy with rotator cuff repair and labral repair was submitted. The 3/20/14 utilization review denied the right shoulder surgery based on a lack of exhaustion of conservative treatment and no agreed medical examiner support for right shoulder surgery. The 4/3/14 treating physician appeal indicated that the patient was currently having an exacerbation of her right shoulder pain. Prior MRI findings on 1/5/11 demonstrated a full thickness rotator cuff tear of the supraspinatus without retraction and suspicion for a labral tear. Right shoulder physical exam findings were unchanged from the 1/22/14 report. The patient was taking Norco.

The request for right shoulder arthroscopy with rotator cuff repair and possible labral debridement was appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder arthroscopy with rotator cuff repair and labral repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Page210-211. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Wheelless online, OKU #9 and JBJS Peer Review

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 rotator cuff repair, Surgery for SLAP lesions

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guidelines state that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. For partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing 3 months of conservative treatment, including cortisone injections. The Official Disability Guidelines (ODG) for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. Guideline criteria have not been met. There is no clinical exam evidence of shoulder muscle weakness or atrophy. There is no documentation of functional deficits relative to the right shoulder. Conservative treatment of the right shoulder has been documented as on-going Norco use and a prescription for ibuprofen. Evidence of 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.