

Case Number:	CM14-0056276		
Date Assigned:	07/09/2014	Date of Injury:	01/09/2012
Decision Date:	10/01/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Texas. 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 64-year-old male who reported an injury on 01/09/2012. The mechanism of injury was not provided for clinical review. The diagnoses included degenerative joint disease, acromioclavicular joint, right shoulder, status post arthroscopic repair of the right of the rotator cuff, right shoulder. The previous treatments included medication, an MRI dated 10/19/2013, physical therapy, status post arthroscopic repair on 06/03/2013, resection of adhesions and subacromial decompression on 11/18/2013 and steroid injections in the AC joint. Within the clinical note dated 03/13/2014 it was reported the injured worker complained of continued pain and discomfort in the AC joint. The injured worker reported having significant relief for about 24 hours after the injections in the shoulder. The injured worker rates his pain 6/10 to 7/10 in severity. He describes the pain as sharp and burning. Upon the physical examination the provider noted the injured worker had pain directly over the AC joint. The range of motion was flexion at 140 degrees and extension at 30 degrees. The official MRI revealed 2 surgical changes to internal rotator cuff repair. High grade partial thickness intrasubstance delaminating tear at the junction of the posterior supraspinatus and anterior infraspinatus tendons at the footprint measuring 19 mm no full thickness rotator cuff tear. Low to moderate grade partial thickness articular sided tear of the anterior supraspinatus tendon similar to 12/10/2012 MRI. Moderate glenohumeral joint osteoarthritis with moderate posterior subluxation of the humeral head with respect to the glenoid, stable, and moderate acromioclavicular joint osteoarthritis. The provider requested an arthroscopy, debridement and resection distal right clavicle, physical therapy 2 times 6 for the right shoulder. However, the rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Debridement and Resection Clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Pages 212-214 table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Surgery for Rotator Cuff Tear

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The request for Right Shoulder Arthroscopy, Debridement and Resection Clavicle is not medically necessary. The California MTUS/ACOEM Guidelines note surgical considerations depend on the working or imaging/confirmed diagnosis of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations in particular is very important. If there is no clear indication for surgery referring the patient to a physical medicine practitioner may help to resolve the symptoms. The guidelines also note a rotator cuff repair is indicated for significant tears that impair activity by causing weakness of the arm elevation or rotation, particularly accurately in younger workers. Rotator cuff tears are frequently partial thickness or smaller full thickness tears. For partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases of failing conservative therapy for 3 months. The preferred procedure is usually arthroscopic decompression which involves debridement of inflamed tissues, burning of the anterior acromion, lysis, and sometimes the removal of coracoacromial ligament, and possibly the removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. In addition, the guidelines note patients with acromioclavicular joint separation may be treated conservatively. The expected period of pain is 3 weeks with pain gradually decreasing. If the patient persists after recovery and returns to activities, resection of the outer clavicle may be indicated after 6 months to 1 year although local cortisone injections can be tried. The initial deformity decreases as healing and scar contracture take place. In 1 series, 79% of patients with moderate to severe AC separation had good to excellent late results with non-operative treatment, and of the remainder, 90% had good to excellent results with simple excision of the outer clavicle. The clinical documentation submitted indicated the injured worker had a partial thickness tear of the rotator cuff which should indicate surgery is reserved for cases that failing conservative therapy for 3 months. There is lack of documentation indicating the injured worker had failed in conservative therapy for at least 3 months. There is lack of documentation of severe symptoms or the injured worker having limited activity levels. Therefore, the request is not medically necessary.

Physical Therapy 2x6 Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured workers surgery has not been authorized, the request for Physical Therapy 2x6 Right Shoulder is also not medically necessary.