

Case Number:	CM14-0056378		
Date Assigned:	07/09/2014	Date of Injury:	09/20/2011
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
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 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:

55 year old male claimant with an industrial injury dated 09/20/11. Exam note 11/11/13 demonstrates a report of pain in the right shoulder. Exam demonstrates painful arc with forward flexion of 150 degrees. Positive impingement sign noted. Exam note 02/28/14 states the patient returns with right shoulder pain. The patient demonstrated a 80% normal range of motion of the spine. There is evidence of tenderness to palpation of the right posterior cervical triangle with none over the anterior. Flexation was listed as 160, abduction 160, external rotation 70, and internal rotation 30. Impingement and adduction tests were both positive but the patient demonstrated pain when asked to do a forward flexion. MRI right shoulder demonstrates tendinosis of the supraspinatus with findings worrisome for anterior superior labral tear with no evidence of biceps pathology reported. Treatment plan includes a right shoulder arthroscopy, subacromial decompression, rotator cuff repair, superior labrum anterior to posterior repair, open biceps tendesis and excision distal clavicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Superior Labrum Anterior to Posterior Repair, open Biceps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Labral tear surgery.

Decision rationale: CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. According to ODG, Shoulder, labral tear surgery, it is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved. See SLAP lesion diagnosis. In this case there is insufficient evidence to warrant labral repair secondary to lack of physical examination findings, lack of documentation of conservative care or characterization of the type of labral tear on the MRI from 3/12/12. The request is not medically necessary.

Excision Distal Clavicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Partial Claviculectomy.

Decision rationale: Based upon the CA MTUS Shoulder Chapter. Pg 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviculectomy, states surgery is indicated for post traumatic AC joint osteoarthritis the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post trauma and failure of 6 weeks of conservative care. In addition there should be pain overumatic or severe joint disease of the AC joint. In this case the exam note from 11/11/13 and the imaging findings from 3/12/12 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. The request is not medically necessary.

Right Shoulder Arthroscopy, SAD, Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

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

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative

care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 11/11/3 do not demonstrate 4 months of failure of activity modification. The physical exam from 11/11/3 does demonstrate a painful arc of motion but there is no mention of night pain or relief from anesthetic injection. In addition there is minimal rotator cuff pathology on the MRI from 3/12/12. The request is not medically necessary.