MAXIMUS Federal Services

Case Number:	CM14-0067606		
Date Assigned:	06/27/2014	Date of Injury:	01/14/2014
Decision Date:	10/06/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 is a 55-year-old gentleman who sustained a vocational injury on 01/14/14. The report of an MRI of the right shoulder dated 01/29/14, showed a supraspinatus, infraspinatus insertional tear and that the torn free edge of the tendon was attenuated. There is mild muscular atrophy. Subscapularis showed moderate tendinosis. The acromioclavicular joint had mild arthrosis with no significant narrowing of the supraspinatus outlet. There was superior subluxation of the humeral head with Grade III chondral loss to the superior humeral head. There was a small glenohumeral joint effusion extending through the rotator cuff tear into the subacromial/ subdeltoid bursa. The office note dated 05/08/14 documented that the claimant's diagnosis was right shoulder rotator cuff tear and that the claimant continued to have right shoulder pain. Physical examination revealed tenderness over the subacromial space, abduction to 135 degrees forward and elevation to 135 degrees, and 4/5 strength with resisted abduction. It was documented that the claimant completed nine physical therapy sessions, but still complained of pain and weakness. Conservative treatment also included injections; however, the date of the injections and the anatomical location of the injections and the claimant's response were not clearly noted in the documentation presented for review. This review is for right shoulder arthroscopy with subacromial decompression and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with Subacromial Decompression and Rotator Cuff Repair, Right Shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The request is for a right shoulder arthroscopy with subacromial decompression and rotator cuff repair. The MRI available for review suggests that the claimant has significant degenerative changes of the humeral head and at the glenohumeral joint with evidence of rotator cuff arthropathy. In the setting of moderate to severe arthritis in the shoulder, it is unlikely that a rotator cuff repair with subacromial decompression would alleviate symptoms of isolated shoulder pain. California ACOEM Guidelines note that the claimant should have clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Documentation suggests the claimant has attempted only nine sessions of formal physical therapy prior to considering and recommending surgical intervention. In addition, in the setting of partial thickness rotator cuff tears, the ACOEM Guidelines and the Official Disability Guidelines support a minimum of three to six months of continuous conservative treatment to include anti-inflammatories, formal physical therapy, a home exercise program, injection therapy, and activity modification prior to recommending and considering surgical intervention. While the documentation also suggests that the claimant has undergone injection therapy, it would be pertinent to know the anatomical location and response to those injections prior to considering the medical necessity of arthroscopy with rotator cuff repair and subacromial decompression. The benefit of a diagnostic and therapeutic glenohumeral injection based on the claimant's response would identify degenerative changes, which unfortunately would not resolve with arthroscopy, subacromial decompression, and rotator cuff repair. Therefore, based on the documentation presented for review and in accordance with the California ACOEM Guidelines, the request for the right shoulder arthroscopy with subacromial decompression and rotator cuff repair cannot be considered medically necessary.