

Case Number:	CM14-0068178		
Date Assigned:	07/14/2014	Date of Injury:	01/23/2014
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/13/2014

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 Occupational Medicine, 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:

The claimant was injured on 01/23/14. A request for right shoulder video arthroscopy, labral repair, possible debridement versus repair of a partial rotator cuff tear and subacromial decompression, preop medical clearance, and postop physical therapy for 12 sessions are under review. The claimant reported being injured when he emptied a trashcan into a dumpster and had sudden onset of pain in his right shoulder. He had a short course of PT and tried medications. He reported his shoulder pain was getting worse especially at night. PT provided minimal improvement. Exam showed focal tenderness over the biceps tendon, rotator cuff, and subacromial region with limited range of motion. Abduction was 145 and flexion 160. Internal rotation 70 and external rotation 65. Positive impingement testing and positive Neer's testing as well as positive drop testing when stressing the biceps tendon with abduction at 90, flexion 20 resisted forward flexion with severe pain in the glenohumeral joint and biceps tendon region. He received a shoulder injection. MRI of the right shoulder dated 03/19/14 showed a partial-thickness undersurface tear of the supraspinatus tendon, SLAP tear, intact biceps tendon, small joint effusion, and mild AC joint arthrosis with a laterally downsloping distal acromion and spurring of the distal acromion undersurface. The surgery was non-certified due to a lack of 3-6 months of conservative care. The claimant had an injection a little over 2 months status post injury and the results of the injection were unknown. He saw [REDACTED] on 03/31/14 and the diagnosis was partial re-tear of the right shoulder SLAP lesion. He reported that his shoulder was getting worse. He had 6 sessions of physical therapy with minimal improvement. Surgery was recommended. He had the injection on that date. He was also given medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER VIDEOARTHROSCOPY, LABRAL REPAIR, POSSIBLE DEBRIDEMENT VERSUS REPAIR OF THE PARTIAL ROTATOR CUFF TEAR AND SUBACROMIAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The history and documentation do not objectively support the request for right shoulder videoarthroscopy, labral repair, possible debridement versus repair of the partial rotator cuff tear, and subacromial decompression. The MTUS state referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) Activity limitation for more than four months, plus existence of a surgical lesion. Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. 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 resolve the symptoms. In this case, the claimant appears to have had minimal conservative treatment prior to this request for surgery. There is no documentation of activity limitation for four months prior to this request for surgery. The outcome of the injection was not reported. The medical necessity of surgery (right shoulder videoarthroscopy, labral repair, possible debridement versus repair of the partial rotator cuff tear, and subacromial decompression) under these circumstances has not been demonstrated. The request is not medically necessary.

PRE OP MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, various chapters depending on the patient characteristics and medical history.

Decision rationale: The history and documentation do not objectively support the request for preop clearance for the recommended surgery as the surgery itself is not medically necessary. The medical necessity of this type of medical testing has not been clearly demonstrated. Also, the need for preop clearance typically depends on patient characteristics and other medical

history which is not available. Specific indications for preop clearance have not been described. Therefor the request is not medically necessary.

POST OP PHYSICAL THERAPY, 12 SESSIONS 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The history and documentation do not objectively support the request for postop Physical Therapy for 12 sessions. The MTUS recommend Dislocation of shoulder: Postsurgical treatment 24 visits over 14 weeks, In this case, the surgery itself is not medically necessary and therefore, postop rehabilitation visits are also not medically necessary.