

Case Number:	CM14-0079430		
Date Assigned:	07/18/2014	Date of Injury:	07/23/2013
Decision Date:	10/21/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 52 year old male with a 7/23/13 injury date. He injured his left shoulder while trying to catch a heavy pump. In a 4/15/14 follow-up, subjective findings included "doing much better" with respect to his left shoulder. Objective findings included left shoulder forward flexion to 170 degrees, external rotation to 75 degrees, positive impingement signs, positive Jobe test, and positive Obrien's test. A left shoulder MRI on 2/18/14 showed a bone bruise and degenerative cyst involving the posterior superior humeral head suggestive of an old Hill-Sachs lesion, and a potential tear of the supraspinatus and anterior superior labral tear. Left shoulder x-rays (date unknown) showed mild AC joint arthritis. Diagnostic impression: left shoulder partial rotator cuff tear. Treatment to date: physical therapy (from March 2014 to April 2014), medication. A UR decision on 4/28/14 denied the request for left shoulder arthroscopy, possible rotator cuff repair, and possible labral repair, and possible subacromial decompression, distal clavicle resection, on the basis that there was no indication that there was 3-6 months of prior conservative treatment and no MRI imaging was recorded. The requests for post-op physical therapy and ultra-sling were denied because they were not applicable given the non-certification of the surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, possible rotator cuff repair, possible labral repair, possible subacromial decompression, distal clavicle resection: Upheld

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

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 Chapter

Decision rationale: CA MTUS states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation; conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment, but without the surgical risks, and further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In addition, ODG criteria for repair of full-thickness rotator cuff tears include a full-thickness tear evidenced on MRI report. ODG states that surgery for SLAP lesions is recommended for Type II lesions, and for Type IV lesions if more than 50% of the tendon is involved, in addition to a history and physical findings consistent with a SLAP lesion; recent literature suggest poor outcome with a Worker's Compensation patient population and age over 40. CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. ODG supports partial clavicle resection (including Mumford procedure) with imaging evidence of significant AC joint degeneration along with physical findings (including focal tenderness at the AC joint, cross body adduction test, active compression test, and pain reproduced at the AC joint with the arm in maximal internal rotation may be the most sensitive tests), and pain relief obtained with an injection of anesthetic for diagnostic purposes. Non-surgical modalities includes at least 6 weeks of care directed towards symptom relief prior to surgery including anti-inflammatories and analgesics, local modalities such as moist heat, ice, or ultrasound. In the present case, there is not enough documentation of objective exam findings or diagnostic findings to support any of the requested procedures. With respect to rotator cuff repair, there is no evidence of full-thickness tear on MRI. With respect to labral repair, clear evidence of SLAP tear on imaging would require MR-arthrography, and there is minimal evidence that patients over the age of 35 benefit from repair of SLAP tears. With respect to subacromial decompression, there is no evidence that the patient has tried a cortisone injection or a 3-6 month physical therapy program. With respect to distal clavicle resection, there are no documented exam findings of tenderness over the AC joint or pain with cross-body adduction, and an AC joint cortisone injection has not been tried. Therefore, the request for left shoulder arthroscopy, possible rotator cuff repair, possible labral repair, possible subacromial decompression, distal clavicle resection is not medically necessary.

Post-Op physical therapy 2 times a week for 4 weeks: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ultra sling: 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 Official Disability Guidelines (ODG), Shoulder Chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.