

Case Number:	CM14-0091775		
Date Assigned:	07/25/2014	Date of Injury:	11/28/2008
Decision Date:	08/28/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/17/2014

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 Orthopaedic 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 51-year-old female sustained an industrial injury on 11/28/08, due to repetitive motion. Initial conservative treatment included medications, TENS unit, and physical therapy with some improvement. The 2/28/14 right shoulder MR arthrogram revealed a large rotator cuff tear. The 4/11/14 treating physician report cited significant neck and bilateral shoulder pain. Cervical exam findings documented paracervical muscle tenderness, moderate loss of extension, pain with extension and lateral flexion, and intact motor and reflexes. Bilateral shoulder exam documented positive Neer's, Hawkin's, acromioclavicular (AC) joint compression, and crossover tests. There was tenderness over the greater tuberosity and AC joint bilaterally. Resisted abduction and external rotation strength was 4/5 bilaterally. The diagnoses included bilateral shoulder impingement syndrome and cervical degenerative disc disease. The treatment plan indicated that cervical spine surgery authorization was pending. Bilateral shoulder arthroscopy with subacromial decompression and AC joint resection was recommended. Medications were refilled as they provided functional benefit. The 6/13/14 utilization review denied the request for bilateral shoulder arthroscopy based on an absence of evidence that the patient had failed comprehensive conservative treatment. The 7/23/14 appeal letter cited the general adverse effects of delay or denial of surgical treatment for impingement syndrome. There was no additional patient-specific information.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral shoulder arthroscopy, subacromial decompression and acromioclavicular joint resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Shoulder Chapter.

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

Decision rationale: The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no imaging evidence of a surgical lesion relative to the left shoulder. There is no documentation relative to diagnostic injection test on the left shoulder. Therefore, this request for bilateral shoulder arthroscopy, subacromial decompression and acromioclavicular joint resection is not medically necessary.