MAXIMUS Federal Services

Case Number:	CM14-0194960		
Date Assigned:	12/02/2014	Date of Injury:	07/27/2005
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/20/2014

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 Minnesota. 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 injured worker is a 58-year-old female with a date of injury of 7/27/2005. The mechanism of injury was reported to be repetitive motion. The diagnosis was impingement syndrome of the right shoulder. Conservative treatment included medications and physical therapy which was not helpful. MRI scan showed a partial thickness supraspinatus tear, infraspinatus tendinosis and suspected SLAP lesion on 9/9/2014. Progress notes dated 11/5/2014 indicate complaints of pain in the right shoulder. On examination there was pain reported with forward flexion as well as abduction beyond 90. X-rays revealed some acromioclavicular arthritis. The documentation does not include a detailed examination of the shoulder indicating impingement signs such as Neer, and Hawkins-Kennedy. The documentation also does not include a recent comprehensive conservative treatment program with injections of corticosteroids and physical therapy. A discussion with the provider indicated that corticosteroid injections were not given. Utilization review noncertified the requested surgery of subacromial decompression, distal clavicle resection and possible SLAP repair and biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible slap repair and biceps tenodesis: Upheld

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

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) Section: Shoulder, Topic: Biceps tenodesis, SLAP repair

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of his surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short-term and long-term from surgical repair. The documentation submitted does not meet these criteria. The surgery for impingement syndrome necessitates a trial of conservative care including cortisone injections for at least 3-6 months before surgical consideration. Based upon the documentation provided, this was not done. ODG guidelines indicate the biceps tenodesis is recommended as an option for type II or type IV SLAP lesions in patients over 40 years of age. The criteria include 3 months of conservative treatment, presence of a type II or type IV lesion and also patients undergoing concomitant rotator cuff repair. The history, physical examination, and imaging should indicate pathology. Based upon the documentation provided, the criteria for biceps tenodesis have not been met. The documentation provided does not include imaging evidence of a type II or type IV slap lesion necessitating a SLAP repair. In light of the above, the request for biceps tenodesis or SLAP repair is not supported by guidelines and as such is not medically necessary.

Right shoulder arthroscopic subacromial decompression distal clavicle resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition Chapter, Shoulder, Diagnostic Arthroscopy

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

Decision rationale: California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. The documentation provided does not include evidence of a conservative treatment program consisting of physical therapy and corticosteroid injections. Based upon the guidelines the request for right shoulder arthroscopic subacromial decompression and distal clavicle resection is not supported and as such is not medically necessary.