

Case Number:	CM14-0195145		
Date Assigned:	12/02/2014	Date of Injury:	09/22/2012
Decision Date:	01/29/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/21/2014

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 34-year-old male with a history of injuries to the cervical spine, both shoulders and both wrists and lower back related to lifting of heavy luggage on 9/22/12. A joint orthopedic panel qualified medical evaluation was performed on September 3, 2014. The chief complaint at that time was neck pain, right shoulder pain, radiating right arm pain, bilateral wrist pain and low back pain. The documentation indicates that the injured worker was employed as a hotel parking valet. On September 22, 2012 he developed low back pain from repetitive lifting of luggage in a storage room near the front of the hotel. The pain then commenced to travel up his spine to his neck and then bilaterally into his shoulders. He had right shoulder pain which went down the arm and separately developed wrist pain from typing when he was on limited duty. The current subjective complaints at that time included neck pain at 3/10, right shoulder pain at 7/10 left shoulder pain at 5/10 and low back pain at 7/10 and intermittent wrist pain at 3/10. Past history was remarkable for a work injury which bothered his right shoulder, low back and neck. Examination of the shoulders revealed complete and symmetric range of motion. He complained of bilateral elbow pain, right greater than left. Shoulder strength was 5/5 bilaterally. There was anterior tenderness to palpation, right greater than left. He had full range of motion with more discomfort on the right than the left. Forward flexion was 180, abduction 175, external rotation 60, internal rotation 90, extension 50 and abduction 50. He had pain at the extremes of shoulder motion, worse on the right. He had a positive impingement sign, worse on the right. There was no crepitus. He had full range of motion in all directions bilaterally with more discomfort on the right than the left. The impression was bilateral shoulder rotator cuff tendinitis/bursitis/impingement, right greater than left. In addition there was a cervical strain superimposed on mild degenerative disc disease of the cervical spine but no findings of radiculopathy. In the opinion of the examiner the only injury from that incident was to the lower

back on September 22, 2012. An MRI scan of the left shoulder dated 9/10/2014, a week after the QME revealed tendinopathy changes of the supraspinatus and infraspinatus tendons. The acromioclavicular joint was normal. There was a small amount of subdeltoid fluid collection. The teres minor was normal. The subscapularis was unremarkable. There was extensive abnormal signal intensity and morphology of the anterior labrum as well as the middle glenohumeral ligament which extended into the anterior aspect of the glenohumeral joint predisposing the patient to locking. There was a large tear of the posterior labrum. Clinical correlation and further evaluation with MR arthrography was recommended. The long head of the biceps tendon was within the bicipital groove and its attachment to the supraglenoid tubercle was unremarkable. There was no evidence of fatty atrophy of the rotator cuff muscles. An MRI scan of the right shoulder dated 9/10/2014 revealed subacromial/subdeltoid bursal fluid collection, abnormal increased signal intensity and morphology involving the anterior labrum, consistent with a labral tear. Clinical correlation and further evaluation with MR arthrography were recommended. Tendinopathy changes of the supraspinatus and infraspinatus tendons were seen. Mild acromioclavicular joint degenerative changes were noted. On 10/13/2014 the progress report documented bilateral shoulder complaints, left more than right with positive impingement, Hawkins, and tenderness to palpation. On 10/14/2014 a request was made for right shoulder surgery including video arthroscopy, subacromial decompression, rotator cuff repair, and labral surgery. The request for surgery was noncertified by utilization review for lack of exhaustion of conservative care, no documentation of quantitative shoulder range of motion, no documentation of the number of physical therapy visits and no documentation of corticosteroid injections. The denial has now been appealed to independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder VASAD RCR repair, A/C arthroplasty and debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rotator Cuff Disorders

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

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 a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term from surgical repair. Physical examination by the QME orthopedic surgeon a week before the MRI scan was done indicated full range of motion of both shoulders. The documentation does not indicate a comprehensive conservative treatment program with physical therapy and injections for the shoulder. The MRI report pertaining to the right shoulder is dated 9/10/2014. This revealed subacromial/subdeltoid bursal fluid collection, abnormal signal intensity and morphology involving the anterior labrum consistent with a labral tear. Further evaluation with MR arthrography was recommended by the

radiologist. Tendinopathy changes of the supraspinatus and infraspinatus tendons were seen. Mild acromioclavicular joint degenerative changes were noted. The rotator cuff was found to be intact. Based upon the absence of documentation of a conservative treatment program of 3-6 months of physical therapy and corticosteroid injections as recommended per guidelines arthroscopy with subacromial decompression is not medically necessary. There was no evidence of a rotator cuff tear documented. The labral tear was not confirmed and the radiologist recommended an MR arthrogram. Based upon the above, the request for the video arthroscopy with subacromial decompression and rotator cuff repair of the right shoulder, acromioclavicular arthroplasty and debridement is not supported by guidelines and as such, the medical necessity is not substantiated.

Associated surgical service: DME sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Immobilization

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

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

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines; perioperative cardiovascular evaluation and care for noncardiac surgery

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

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

Post-operative physical therapy, 2 times a week for 6 weeks: 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 rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.