MAXIMUS Federal Services

Case Number:	CM14-0195719		
Date Assigned:	12/03/2014	Date of Injury:	09/17/2013
Decision Date:	01/20/2015	UR Denial Date:	11/11/2014
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 Hand Surgery and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 09/17/2013. The mechanism of injury was not provided within the submitted medical records. The patient's diagnosis was listed as other joint derangement, not elsewhere classified, shoulder region. Current medication was noted to include albuterol, Advair Diskus, and Norco. Diagnostic studies include an MRI of the left shoulder completed on 11/22/2013, read by [redacted], and documented mild degenerative changes of the acromioclavicular joint, partial thickness tendon tear of the distal left supraspinatus, probable small tear of the superior glenoid labrum, and a small subcentimeter bony retracted cystic change in the left humeral head. The patient's surgical history is not provided within the submitted medical records. Other therapies are noted to include physical therapy. The clinical visit on 11/25/2014 documented the patient had been attending physical therapy for the right shoulder, but remained symptomatic. The physical exam noted the patient had tenderness along the right shoulder with range of motion listed at 100 degrees and a positive Hawkins test. There was a Request for Authorization form contained within the submitted medical records dated 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with subacrominal decompression Qty: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The California MTUS/ACOEM Guidelines state that surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or for those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. With the patient having corroborating diagnostic imaging to show degenerative changes in the acromioclavicular joint along with exhaustion of conservative care and a positive Hawkins test, the surgical intervention at this time meets the guidelines. As such, the request is medically necessary.

Left shoulder arthroscopy with possible rotator cuff repair Qty: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The California MTUS Guidelines state that rotator cuff repair is indicated for significant tears that impair activity by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial thickness or smaller full thickness tears. For partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. The preferred procedure is usually arthroscopic decompression which involves debridement of the inflamed tissue, burring of the anterior acromion, lysis and, sometimes, removal of coracoacromial ligaments, and possibly removal of the outer clavicle. Within the submitted medical records, the patient was shown to have an MRI study that showed evidence of a torn rotator cuff. It is also noted the patient had undergone physical therapy with pain and limited range of motion prevailing. In addition, the patient had a positive Hawkins test. With corroborating imaging and evidence during physical exams with exhaustion of conservative care, the request at this time is supported by the guidelines. As such, the request is medically necessary.

Left shoulder arthroscopy with biceps tenodesis Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Biceps tenodesis

Decision rationale: The Official Disability Guidelines recommend biceps tenodesis with 3 months of conservative care for type 2 and type 4 lesions. With evidence of the patient having a glenoid labrum tear and corroborating documentation during physical exam to show a labral tear, there is enough supporting evidence in the documentation to establish the medical necessity of the surgical intervention. Moreover, it was also documented that the patient had trialed and failed other conservative treatments. With the patient having met the guideline criteria, the request at this time is supported by the guidelines. As such, the request is medically necessary.