

Case Number:	CM14-0203175		
Date Assigned:	12/15/2014	Date of Injury:	08/23/2013
Decision Date:	02/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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, has a subspecialty in Sports Medicine 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:

The patient is a 52-year-old female who reported an injury on 08/23/2013. The mechanism of injury was not specified. Her diagnoses include left shoulder partial rotator cuff tear with subacromial impingement syndrome, left biceps tendonitis, bilateral shoulder adhesive capsulitis, right greater than left, right shoulder rotator cuff repair, and right subacromial impingement syndrome. Her past treatments include right shoulder surgery, H-wave unit, bilateral shoulder physical therapy, home exercise, medications, 12 postoperative physical therapy, and injections. Pertinent diagnostic studies include a left shoulder MRI performed on 10/23/2013, read by [REDACTED], which revealed a moderate supraspinatus tendinosis with low grade interstitial tearing of the posterior fibers at the footprint; no rotator cuff muscle atrophy; mild intra-articular long biceps tendinosis with interstitial tearing and mild tenosynovitis; no definite full thickness tendon rupture identified; and mild acromioclavicular joint arthrosis with no subacromial/subdeltoid bursitis identified. Her pertinent surgical history included a right shoulder rotator cuff repair, subacromial impingement, left biceps tenodesis. On 12/05/2014, the patient followed up for status post right shoulder subacromial decompression, debridement, and rotator cuff repair. The injured worker complained of left shoulder pain rated 4/10. The physical examination of the left shoulder revealed the range of motion with flexion at 120 degrees, abduction at 120 degrees, external rotation was 100%, internal rotation was 100%, and extension was 75%. The injured worker was also indicated to have a positive Hawkins sign, positive Yergason's test, positive Speed's test, and positive O'Brien's test. However, she was indicated to have a negative cross arm test and lack of tenderness to palpation over the AC joint. Her medications include Vicoprofen 5/200 mg. The treatment plan included a left shoulder arthroscopy with subacromial decompression, debridement, rotator cuff repair, biceps tenodesis, with a surgical assistant, and postoperative physical therapy twice weekly for the bilateral

shoulders. The rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with subacromial decompression: Upheld

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

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

Decision rationale: The request for arthroscopy with subacromial decompression is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgery for impingement syndrome with decompression is not indicated for patients with mild symptoms with no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery because this diagnosis is a continuum of the rotator cuff conditions. This refers to the discussion of rotator cuff tears. The patient is currently participating in conservative care to include home exercise and working out at the gym. In addition, there was a lack of documentation to indicate the patient had failed conservative care for at least 3 to 6 months before considering surgery. As the concurrent request for the rotator cuff repair is not supported, the request for arthroscopy with subacromial decompression is also not supported. As such, the request is not medically necessary.

Left shoulder 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, Shoulder,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The request for left shoulder debridement is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgery for impingement syndrome with decompression is not indicated for patients with mild symptoms with no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery because this diagnosis is a continuum of the rotator cuff conditions. This refers to the discussion of rotator cuff tears. The patient is currently participating in conservative care to include home exercise and working out at the gym. In addition, there was a lack of documentation to indicate the patient had failed conservative care for at least 3 to 6 months before considering surgery. As the concurrent request for the rotator cuff repair is not supported, the request for a left shoulder debridement is also not supported. As such, the request is not medically necessary.

Left shoulder rotator cuff repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: According to the California MTUS/ACOEM Guidelines, 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. Furthermore, surgery is not indicated for patients with mild symptoms or for those whose activities are not limited. The patient is indicated to have left shoulder pain with a partial rotator cuff tear and impingement. However, the clinical documentation indicated the patient to be actively participating in a home exercise program and to be working out at the gym. Furthermore, there was a lack of documentation in regard to objective functional improvement or remaining functional deficits in regard to the previous physical therapy sessions to indicate the patient had failed conservative care for 3 months. Based on the above, the request for left rotator cuff repair would not be supported by the evidence based guidelines. As such, the request is not medically necessary. The request for left shoulder rotator cuff repair is not medically necessary.

Left shoulder biceps tenodesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder; Manipulation Under Anesthesia

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

Decision rationale: The request for left shoulder biceps tenodesis is not medically necessary. According to the California MTUS/ACOEM Guidelines, ruptures of the proximal long head of the biceps tendon are usually due to degenerative changes in the tendon and can almost always be managed conservatively if there is no accompanying functional disability. Based on the guidelines recommending conservative care for treatment of ruptured biceps tendon and the concurrent request for the rotator cuff tear are not supported, the request for biceps tenodesis is also not supported. As such, the request is not medically necessary.

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Surgical assistant.

Decision rationale: The request for a surgical assistant is not medically necessary. According to the Official Disability Guidelines, surgical assistants are recommended as an option in more complex surgeries, usually when assisting in low back procedures. However, as the concurrent rotator cuff repair request is not supported, the request for a surgical assistant is also not supported. As such, the request is not medically necessary.

Postoperative physical therapy twice weekly, bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rotator Cuff Syndrome/Impingement Syndrome Page(s): 27.

Decision rationale: The postoperative physical therapy twice weekly, bilateral shoulders are not medically necessary. According to the California MTUS Guidelines, postsurgical physical therapy for rotator cuff syndrome/impingement syndrome treatment would be allowed 24 visits of postsurgical therapy. However, as the concurrent request for the left rotator cuff repair is not supported at this time, the request for postoperative physical therapy twice weekly, bilateral shoulders is also not supported. In addition, the request is indicating for bilateral shoulders when the surgery is indicated for only the left, and the injured worker had previously undergone 16 sessions of physical therapy for the bilateral shoulders, plus an additional 12 postoperative physical therapy sessions for the right shoulder without documentation of objective functional improvement or objective functional deficits for review. Based on the above and the concurrent request for the left rotator cuff not being supported, the request for postoperative physical therapy twice weekly, bilateral shoulders is also not supported. As such, the request is not medically necessary.