MAXIMUS Federal Services

Case Number:	CM14-0204368		
Date Assigned:	12/16/2014	Date of Injury:	03/05/2014
Decision Date:	02/12/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 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 36-year-old male who has submitted a claim for complete rupture of right rotator cuff associated with an industrial injury date of 3/5/2014.Medical records from 2014 were reviewed. The patient complained of worsening right shoulder pain rated 9/10 in severity. He had difficulty in performing overhead activities. He reported cracking sounds in his right shoulder. Physical examination of the right shoulder showed tenderness, limited and painful range of motion, positive impingement sign, and atrophy of right deltoid. Motor strength of right shoulder muscles was rated 4/5. Reflexes and sensory were intact. The MRI of the right shoulder, dated 4/1/2014, demonstrated mild supraspinatus and infraspinatus tendinosis and contusion with focal articular surface infraspinatus fraying, with no discrete tear evident. There was a 2.2 cm biceps labral anchor superior margin adjacent paralabral cyst, and evidence of labral tear along the biceps labral anchor undersurface which was suspected, and a low grade deltoid muscle strain with a component of contusion which was overlying subcutaneous edema also compatible with contusion. Treatment to date has included right shoulder corticosteroid injection (providing temporary relief), use of a TENS unit, physical therapy and medications.The utilization review from 11/19/2014 denied the requests for right shoulder arthroscopic subacromial decompression and glenoid labrectomy and post-operative physical therapy, right shoulder 3 x 4 because the physical examination findings did not corroborate with MRI results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy/ SAD/ Glenoid labrectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-214.

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) Shoulder Section, Surgery for Impingement Syndrome, Arthroscopy, and Labrum Tear Surgery

Decision rationale: CA MTUS ACOEM Practice Guidelines Chapter 9 supports surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. Labral tears or lesions can be located either above (superior) or below (inferior) the middle of the glenoid socket. A tear of the rim below the middle of the glenoid socket that also involves the inferior glenohumeral ligament is called a Bankart lesion. When the glenoid labrum becomes injured or torn, it is described as a labral tear. Most superior labral tears can be treated with anti-inflammatory medications, activity modification and physical therapy, but if nonoperative treatment fails, surgery may be indicated. In this case, the patient complained of worsening right shoulder pain rated 9/10 in severity. He had difficulty in performing overhead activities. He reported cracking sounds in his right shoulder. Physical examination of the right shoulder showed tenderness, limited and painful range of motion, positive impingement sign, and atrophy of right deltoid. Motor strength of right shoulder muscles was rated 4/5. Reflexes and sensory were intact. Symptoms persisted despite right shoulder corticosteroid injection, use of a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy and medications. The MRI of the right shoulder, dated 4/1/2014, demonstrated mild supraspinatus and infraspinatus tendinosis and contusion with focal articular surface infraspinatus fraying, with no discrete tear evident. There was a 2.2 cm biceps labral anchor superior margin adjacent paralabral cyst, and evidence of labral tear along the biceps labral anchor undersurface which was suspected, and a low grade deltoid muscle strain with a component of contusion which was overlying subcutaneous edema also compatible with contusion. However, there is no significant surgical lesion on MRI that may warrant arthroscopy and Sub-Acromial Decompression (SAD) procedures. There is no discussion concerning need for variance from the guidelines. The guideline criteria are not met. Therefore, the request for right shoulder arthroscopy/ SAD/ glenoid labrectomy is not medically necessary.

Post-Op physical therapy, right shoulder 3 times 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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