

Case Number:	CM14-0043603		
Date Assigned:	07/02/2014	Date of Injury:	10/21/2011
Decision Date:	04/14/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 61-year-old female who sustained an industrial injury on 10/21/11, relative to a fall off a ladder. Past medical history was positive for diabetes. MRI and x-ray findings reportedly documented moderate sized partial thickness tear involving half the infraspinatus tendon, a large SLAP tear lesion, and mild acromioclavicular (AC) joint arthrosis. The 1/14/14 treating physician report documented tenderness along the left shoulder and periscapular region with limited forward flexion and abduction to 170 degrees with end-range pain. She was diagnosed with partial infraspinatus tendon tear, large SLAP lesion, and mild AC joint degeneration. The treatment plan recommended surgical consultation and prescribed Flexeril and Celebrex. The 1/23/14 orthopedic report cited grade 4/10 left shoulder pain, swelling and clicking. Pain was reported after overhead activity and pain with bicipital motion. She had a prolonged trial of therapy for the left shoulder which did not help. Physical exam documented shoulder tenderness to palpation and pain with impingement test. The diagnosis was left shoulder rotator cuff tear, AC joint arthrosis, and SLAP tear. The treatment plan recommended left shoulder arthroscopy possible labral repair versus debridement, subacromial decompression, Mumford, and biceps tenotomy versus tenodesis. The 3/21/14 utilization review non-certified the request for left shoulder arthroscopy, possible labral repair versus debridement, subacromial decompression, Mumford, and biceps tenotomy versus tenodesis. The rationale for non-certification indicated that symptoms were not severe enough to warrant requested surgery, and there were minimal exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Possible Labral Repair vs Debridement, SAD, Mumford' Bicep Tenotomy vs 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 (updated 01/20/2014); CA MTUS Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2008 Revision) pp 561-563.

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: Surgery for impingement syndrome: Partial claviclectomy; Surgery for SLAP lesions.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines (ODG) provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Conventional x-rays, AP, and true lateral or axillary view. AND MRI, ultrasound, or arthrogram showing positive evidence of impingement are required. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been fully met. This patient presents with left shoulder pain with swelling and clicking. Clinical exam findings documented global tenderness, positive impingement test, and mild loss of range of motion. Imaging evidence reportedly showed a partial thickness rotator cuff tear, large SLAP tear, and mild AC joint arthrosis. There is no positive imaging evidence of impingement. There is no documentation of a positive diagnostic injection text, weakness, or painful arc of motion. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.