

Case Number:	CM15-0131766		
Date Assigned:	07/20/2015	Date of Injury:	05/14/2013
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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:

This injured worker is a 62-year-old male who sustained an industrial injury on 5/14/13. Injury occurred when he was stacking 5-gallon pails of paint and the pallet broke. He reached forward to grab the falling pails of paint and injured his shoulder and elbow. Past medical history was positive for diabetes, coronary artery disease, hypercholesterolemia, sleep apnea, and respiratory disorder. The 2/14/14 right shoulder MRI impression documented findings suspicious for a partial thickness rotator cuff tear along the articular surface of the distal supraspinatus tendon superimposed upon diffuse tendinosis/tendinitis without evidence for complete interruption. Findings were suspicious for impingement, SLAP tear, and on-going biceps tendinitis and/or tenosynovitis. Conservative treatment included activity modification, medications, acupuncture, physical therapy, corticosteroid injection, and home exercise program. The 5/22/15 orthopedic progress report cited persistent right shoulder pain. He had pain with reaching overhead, as well as backwards. He was unable to sleep on his right side and tended to avoid heavy lifting with the right arm. Right shoulder exam documented abduction and external rotation to 90 degrees and forward flexion to 170 degrees. There was pain and weakness to supraspinatus testing, pain with O'Brien testing, and pain over the anterolateral shoulder. Imaging showed findings consistent with impingement and SLAP tear with marked fluid in the biceps sheath. There was partial tearing of the supraspinatus tendon. The diagnosis was right shoulder impingement, rule-out rotator cuff and labral tear. The injured worker had failed physical therapy and anti-inflammatory medications for over a year with persistent pain. He was hesitant to try another corticosteroid injection given his diabetes. The treatment plan recommended right shoulder arthroscopy with

debridement and possible rotator cuff repair and biceps tenodesis. Authorization was also requested for Arthrex suture tack including 2 anchors, Arthrex corkscrew including 2 anchors, and, 24 post-operative sessions of physical therapy. The 6/30/15 utilization review non-certified the requests for Arthrex suture tack including 2 anchors and Arthrex corkscrew including 2 anchors as the associated surgical procedure had not been found medically necessary. The request for 24 post-op sessions of physical therapy was noted to exceed guideline recommendations and non-certified as the associated surgical request was not found medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 1 Arthrex suture tack x2 anchors: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement, Surgery for rotator cuff repair.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines (ODG) provide more specific indications for impingement syndrome and partial thickness rotator cuff repairs 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, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This injured worker presents with persistent right shoulder pain and functional loss. Clinical exam findings are consistent with imaging evidence of partial thickness rotator cuff tear, SLAP tear, and likely impingement. Detailed evidence of a at least 3 to 6 months of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no documentation in the medical records provided regarding the authorization status of the associated arthroscopic surgery. Given that surgical criteria have been met for the rotator cuff repair and biceps tenodesis, this associated request would be considered medically necessary.

Associated Surgical Service: Arthrex corkscrew x2 anchors: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement, Surgery for rotator cuff repair.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines (ODG) provide more specific indications for impingement syndrome and partial thickness rotator cuff repairs 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, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This injured worker presents with persistent right shoulder pain and functional loss. Clinical exam findings are consistent with imaging evidence of partial thickness rotator cuff tear, SLAP tear, and likely impingement. Detailed evidence of a at least 3 to 6 months of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no documentation in the medical records provided regarding the authorization status of the associated arthroscopic surgery. Given that surgical criteria have been met for the rotator cuff repair and biceps tenodesis, this associated request would be considered medically necessary.

Post-operative physical therapy sessions (24 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks

during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations for initial post-operative treatment. This request for physical therapy treatment markedly exceeds the initial post-operative guidelines. Additionally, there is no documentation in the medical records provided that the associated surgery has been certified. Therefore, this request is not medically necessary.