

Case Number:	CM15-0133766		
Date Assigned:	07/22/2015	Date of Injury:	02/04/2015
Decision Date:	08/19/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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 was a 30-year-old female who sustained an industrial injury on 2/4/15. Injury occurred when she was trying to retrieve a heavy box from an overhead position. She reported the onset of right shoulder pain as she brought the box down. Initial treatment included physical therapy, medication, and modified duty. The 4/2/15 right shoulder MRI impression documented grade 1-2 partial thickness tears and tendinosis/strain of the distal supraspinatus and subscapularis tendons was noted without a full thickness rotator cuff tear. The biceps tendon and glenoid labra were intact. There was mild subacromial and subdeltoid synovitis. Records indicated that there was initial significant limitation in shoulder flexion and abduction that improved with physical therapy and injection, and she was able to return to work full duty. The 5/13/15 treating physician report cited a significant flare-up of right shoulder pain following return to work. Physical exam documented right subacromial and biceps tendon tenderness. Right shoulder range of motion was documented as flexion 90, internal rotation 60, and abduction 90 degrees. The 6/8/15 orthopedic report cited continued right shoulder pain. The injured worker had responded well to a right shoulder corticosteroid injection into the subacromial space, with recent return of increased symptoms with return to work full duty. Physical exam documented full range of motion with pain at extremes of motion, positive impingement test, and no laxity of the right shoulder ligaments. There was 4/5 right shoulder abduction and flexion weakness. The diagnosis was right shoulder impingement syndrome with a partial thickness rotator cuff tear. Authorization was requested for right shoulder arthroscopic

surgery. The 6/17/15 utilization review non-certified the request for right shoulder arthroscopic surgery, with no rationale provided in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: 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 syndrome; Surgery for rotator cuff repair.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery and rotator cuff 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 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. Guideline criteria have been met. This injured worker presents with recurrent right shoulder pain and functional limitation precluding full duty work. Clinical exam findings are consistent with imaging evidence of partial thickness rotator cuff tear. Positive diagnostic injection test is documented. Detailed evidence of at least 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.