

Case Number:	CM15-0134442		
Date Assigned:	07/22/2015	Date of Injury:	03/11/2015
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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 50-year-old male who sustained an industrial injury on 3/11/15, relative to repetitive job duties. The 5/1/14 treating physician report cited a 2-year history of calcific tendinitis and long-term use of non-steroidal anti-inflammatory drugs (NSAIDs). Physical exam documented diffuse tenderness to palpation, flexion 120 degrees, internal rotation very guarded, 4/5 resisted rotator cuff strength. X-rays showed a very large 1x4 cm oblong calcification, fluffy in appearance, in the supraspinatus tendon. Referral for steroid injection was recommended. Surgery was discussed. The 3/14/15 treating physician report cited right shoulder pain and inability to perform his work duties as a machine operator. He had a history of right shoulder calcific tendinitis with severe increase in pain over the past 4 days. Right shoulder exam documented decreased range of motion and tenderness. X-rays showed extensive calcific tendinitis. The treatment plan included modified work, and anti-inflammatory medication. The 4/7/15 right shoulder MRI impression documented findings consistent with calcium hydroxyapatite deposition disease with a single rounded focus of calcification and multiple zones of linear calcification seen in the anterior distal supraspinatus. There was a mild degree of adjacent soft tissue reaction in the tendons/muscle itself and in the bursa. There was no evidence of a significant rotator cuff tear. There were minor degrees of undersurface tearing and edema associated with the calcification in the anterior cuff. The 6/19/15 treating physician report cited persistent function-limiting right shoulder pain. Right shoulder exam documented tenderness, very limited range of motion due to pain, and normal upper extremity neurologic exam. Authorization was requested for right shoulder arthroscopy with right shoulder arthroscopy with

rotator cuff repair and debridement of calcific tendinitis. The 6/29/15 utilization review non-certified the request for right shoulder arthroscopy with rotator cuff repair and debridement of calcific tendinitis as there was no indications of formal therapy treatment or corticosteroid injection, and there was significant loss of range of motion indicative of adhesive capsulitis which could worsen with rotator cuff surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with repair rotator cuff debridement of calcific tendinitis:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Shoulder disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines, Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011, p. 1-297. [1977 references].

Decision rationale: The California MTUS 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. The updated ACOEM shoulder guidelines recommend arthroscopic removal/excision of the bursa for calcific rotator cuff tendinitis. Guideline criteria have been met. This injured worker presents with persistent and function-limited right shoulder pain. Physical exam documented rotator cuff tenderness and very limited range of motion. Imaging documented extensive calcific tendinitis in the anterior distal supraspinatus, with rotator cuff tearing. Evidence of long-term reasonable and/or comprehensive non-operative treatment and failure has been submitted. There is extensive linear calcification within the supraspinatus and evidence of tearing that support the medical necessity of rotator cuff repair. Therefore, this request is medically necessary.