

Case Number:	CM15-0137185		
Date Assigned:	07/27/2015	Date of Injury:	09/07/2012
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/15/2015

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 57-year-old female who sustained an industrial injury on 9/7/12. Injury occurred she was trying to wring out a mop and the hinge on the bucket broke and twisted. She felt immediate pain in the right shoulder and wrist. Past surgical history was positive for right thumb and long trigger finger releases, and right carpal tunnel release with ulnar nerve decompression at the wrist on 3/21/13. The 3/12/15 medical legal report documented right shoulder MRI findings with tear of the supraspinatus tendon at its insertion on the greater tuberosity of the humerus with an approximate 1/5 cm tendon retraction, and fluid in the subcoracoid bursa compatible with a bursitis or possibly secondary to the supraspinatus tendon tear. Future medical recommendation indicated that the injured worker required surgery on the right shoulder to include rotator cuff repair, subacromial decompression and distal clavicle excision. The 5/29/15 treating physician report cited complaints of right neck and shoulder pain. Right shoulder imaging on 6/25/14 revealed a full thickness rotator cuff tear. Right shoulder exam findings documented slight stiffness in the shoulder with painful arc of motion, positive impingement signs, slight AC tenderness, and right shoulder weakness in all planes of motion. The diagnosis included right rotator cuff tear with AC arthrosis. She had failed to respond to therapy, corticosteroid injections, rest, and medications. Authorization was requested for right shoulder rotator cuff repair with excision of the distal clavicle. The 6/18/15 utilization review non-certified the request for right shoulder rotator cuff repair with distal clavicle resection as an official MRI was not submitted for review. The 7/17/15 treating physician report appealed the

denial of right shoulder surgery standing that he did not have the actual MRI scan and the reports clearly documented a full thickness rotator cuff tear. The insurance company should forward the MRI scan or refer her for a repeat MRI scan. Authorization was again requested for right rotator cuff repair with excision of the distal clavicle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder rotator cuff repair with excision of the distal clavicle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Diagnostic arthroscopy, Rotator cuff repair.

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 rotator cuff repair; Partial claviclectomy.

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 for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. 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 arthropathy. Guideline criteria have been met. This injured worker presents with persistent and function-limiting right shoulder pain. Clinical exam findings are consistent with reported imaging evidence of a full thickness rotator cuff tear and AC joint arthrosis. 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.