

Case Number:	CM15-0137592		
Date Assigned:	07/28/2015	Date of Injury:	01/23/2015
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/16/2015

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: Montana, Oregon, Idaho
 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 53-year-old male who sustained an industrial injury on 1/23/15. He had complaints of right shoulder pain. Treatments include: medication, modified work and physical therapy. Progress report dated 5/27/15 reports continued complaints of right shoulder and elbow pain. The right shoulder pain radiates up his neck and upper back, rated 9/10. He has trouble sleeping, ibuprofen alleviates the pain and work aggravates it. Diagnoses include: right shoulder rotator cuff tendinopathy and lateral epicondylitis right elbow. Plan of care includes: diagnostic right shoulder arthroscopy with rotator cuff tear repair and subacromial decompression, additional pathology such as with a long head of the biceps tendon may be addressed at the same time, encourage regular aerobic and stretching exercise, maintain optimal weight and avoid tobacco use. Work status: modified duty of no repetitive activity above right shoulder, no repetitive forceful gripping or grasping with right upper extremity, no lifting, pushing or pulling greater than 10 pound with right upper extremity. Follow up 6 weeks pre-op.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic right shoulder arthroscopy with rotator cuff tear repair and SAD possible long head of the biceps tendotomy vs tendodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation (ODG-TWC), Online edition, Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The MRI report of 5/19/2015 does demonstrate some full thickness tearing of the supraspinatus. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. The physical exam from 5/27/15 does not demonstrate note a painful arc of motion from 90-130 degrees. Therefore, the requested procedure is not medically necessary. CA MTUS/ACOEM is silent on the issue of biceps tenodesis. According to the Official Disability Guidelines, Criteria for tenodesis of long head of biceps include subjective clinical findings including objective clinical findings. The exam documented in the notes on 4/29/15 and 5/27/15 does not document objective findings of biceps tendon pathology. In addition, there should be imaging findings. Criteria for tenodesis of long head of biceps include a diagnosis of an incomplete tear of the proximal biceps tendon. In this case, the MRI from 5/19/2015 does not demonstrate evidence that the biceps tendon is partially torn or frayed to warrant surgical treatment. Therefore, the request for right shoulder arthroscopy with rotator cuff repair and SAD with possible long head of the biceps tenotomy is not medically necessary.

Associated surgical service: 12 physical therapy visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: right shoulder abduction sling/pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Online edition, Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of abduction pillow. Per the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.