

Case Number:	CM15-0148562		
Date Assigned:	08/11/2015	Date of Injury:	12/21/2014
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/30/2015

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 38-year-old female who sustained an industrial injury on 12/21/14. Injury occurred while she was working as an RN and trying to stabilize a patient in the bed, straining her left shoulder. The 2/11/15 left shoulder MRI conclusion documented an unremarkable exam. The 4/15/14 initial orthopedic report documented full active range of motion with pain in forward flexion beyond 100 degrees, positive impingement signs, and slight weakness in external rotation and supraspinatus testing. X-rays showed some degree of AC arthrosis and a type II configuration. Imaging showed a slight increased signal in the posterosuperior labrum that may represent a labral tear but the long head of the biceps tendon was well-situated, with no rotator cuff tear present. The 6/3/15 treating physician report cited continued left shoulder pain radiating up her trapezius into the left knee and into the anterior pectoralis region with reaching, pushing, pulling, cross-body, and behind back range of motion. She had tried a home exercise program. A subacromial corticosteroid injection did not significantly relieve her shoulder pain or functional limitations. She had exhausted her modified duty and was off work. Physical exam documented no significant contour or atrophy changes, minimal swelling, and range of motion restricted due to pain. There was moderate tenderness in and around the rotator cuff interval, long head of the biceps tendon, anterior periacromial, AC joint, and posterior capsular. Impingement signs were positive, cross body test was positive, and instability tests were negative. There was no significant improvement with physical therapy, activity modification, home exercise program, and subacromial corticosteroid injection. An AC joint corticosteroid injection was performed for diagnostic and therapeutic purposes. The 7/6/15 treating physician report indicated that the patient was initially evaluated

on 4/15/15 and was diagnosed with impingement with possible rotator cuff tear, AC joint synovitis, and posterosuperior labral tear based on history, physical exam, and radiographic findings. Standard conservative treatment was provided with no significant improvement. She had persistent unremitting pain, loss of motion and loss of function. She had limited tolerance to use of the left upper extremity above shoulder level and in pushing/pulling due to pain and/or loss of range of motion and strength. MRI of the left shoulder demonstrated impingement with acromioclavicular osteoarthritis, possible rotator cuff tear, and possible posterosuperior labral tear. Authorization was requested for left shoulder arthroscopy, acromioplasty, distal clavicle resection, rotator cuff repair and labral tear debridement versus repair, and post-operative physical therapy x 8 sessions. The 7/16/15 utilization review non-certified the request for left shoulder surgery and associated post-op physical therapy as the clinical exam findings and MRI report did not support surgical indications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, acromioplasty distal clavicle resection, rc repair, labral tear debridement vs repair: Overturned

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 Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome; Surgery for rotator cuff repair; Surgery for SLAP lesions.

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 (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. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been essentially met. This injured worker presents with persistent function-limiting left shoulder pain that precludes return to work. Clinical exam findings are consistent with reported imaging evidence of AC joint pathology with plausible impingement and labral tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment, including physical therapy and injection, and failure has been submitted. Arthroscopic evaluation is considered definitive for the diagnosis for labral pathology. Therefore, this request is medically necessary.

Post operative physical therapy x 8: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for 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. This is the initial request for post-operative physical therapy and is consistent with guidelines. Therefore, this request is medically necessary.