

Case Number:	CM15-0182597		
Date Assigned:	09/24/2015	Date of Injury:	08/01/2013
Decision Date:	11/25/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: California, Indiana, Oregon
 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 52 year old male with an industrial injury dated 08-01-2013. A review of the medical records indicates that the injured worker is undergoing treatment for left cervical strain with left upper extremity C6 cervical radiculopathy, full thickness rotator cuff tear, status post open rotator cuff repair, distal clavicle Mumford excision, subacromial decompression of the left shoulder on 10-17-2013 left shoulder, and full thickness tear of the supraspinatus tendon; SLAP tear of the superior labrum of the left shoulder. Medical records 1-31-2014 to 7-14-2015 indicate ongoing left shoulder complaints. According to the progress note dated 07-14-2015, the injured worker reported constant pain in the left shoulder. The injured worker reported difficulty with reaching, lifting and holding with the left upper extremity. Pain level was 8-9 out of 10 on a visual analog scale (VAS). Objective findings (07-14-2015) revealed tenderness to palpitation of the left shoulder, decreased range of motion of the left shoulder by approximately 50%, pain with range of motion of the left shoulder, positive scapulohumeral rhythm test of the left shoulder, and decreased motor strength in the left shoulder. Treatment has included Magnetic Resonance Imaging (MRI) arthrogram of the left shoulder on 11-25-2014, X-ray of the left shoulder on 09-23-2014, MRI of the left shoulder on 08-06-2013, X-ray of the left shoulder on 08-01-2013, prescribed medications, and periodic follow up visits. Some documents within the submitted medical records are difficult to decipher. According to the report dated 04-10-2015, the treating physician reported that the Magnetic Resonance Imaging (MRI) of the left shoulder dated 08-06-2013 revealed mild degenerative joint disease of the acromioclavicular joint (AC) of the left shoulder, small subacromial spur present, full thickness supraspinatus rotator cuff tear

extending to the involve the anterior aspect of the infraspinatus tendon portion of the rotator cuff. MRI also revealed a high grade subscapularis tendon tear of left shoulder and a superior labral tear of the left shoulder. MR arthrogram of the left shoulder dated 11-25-2014 revealed extension of dilute gadolinium into the subacromial and subdeltoid bursa consistent with a full thickness tear involving the central aspect of the supraspinatus tendon and full thickness tear extends in the anterior and posterior dimension, evidence for a SLAP tear and four metallic anchors in the region of the greater tuberosity consistent with a previous rotator cuff repair and evidence of surgical decompression of the acromioclavicular joint (AC) joint. The treating physician prescribed services for surgical revision of the left shoulder rotator cuff, SLAP lesion, associated surgical service: continuous passive motion machine, post-op physical therapy x 8 for the left shoulder and Norco 10-325mg #60, now under review. The utilization review dated 08-18-2015, non-certified the request for surgical revision of the left shoulder rotator cuff, SLAP lesion, associated surgical service: continuous passive motion machine, post-op physical therapy x 8 for the left shoulder and Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical revision of the left shoulder rotator cuff, SLAP lesion: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC.

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: 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 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 and night pain. 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 results of revision rotator cuff repair are inferior to those of primary repair. While pain relief may be achieved in most patients, selection criteria should include patients with an intact deltoid origin, good-quality rotator cuff tissue, preoperative elevation above the horizontal, and only one prior procedure. Fatty infiltration in any of the muscles of the rotator cuff lowers the success of the repair in any of the muscles (Goutallier, 2003). In this case there is no conflicting documentation on the left shoulder exam. There is documentation of weak or absent abduction. Based on this, the request is not medically necessary.

Associated surgical service: Continuous passive motion machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous passive motion.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op physical therapy x 8 for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.