

Case Number:	CM15-0186714		
Date Assigned:	09/28/2015	Date of Injury:	01/13/2015
Decision Date:	11/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/22/2015

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 48-year-old female who sustained an industrial injury on 1/13/15, relative to a fall. The 1/13/15 left shoulder x-rays showed calcific tendonitis and no evidence of fracture or subluxation. Record indicated that the injured worker suffered a stroke on 2/7/15. The 4/14/15 treating physician report indicated she had not been able to participate in physical therapy as she needed medical clearance following her stroke. Conservative treatment had included ibuprofen and activity modification. The 8/10/15 left shoulder MRI impression documented a small partial thickness tear along the inferior surface of the distal supraspinatus portion. There was no full thickness tear identified and there was no increased fluid into the subacromial or subdeltoid bursa. There were minimal degenerative changes at the acromioclavicular (AC) joint, not impinging on the rotator cuff, nor did the type 2 acromion impinge on the rotator cuff. There were small cystic areas posteriorly in the humeral head. The 8/19/15 treating physician report cited left shoulder pain radiating down the arm to the fingers with shoulder weakness and tingling in the hands. She reported a clicking sensation in the shoulder and a sensation of something floating in the shoulder. Difficulty was reported with sleep and overhead lifting. There was tenderness to palpation of the shoulders with pain elicited with impingement test. Flexion and extension strength of the shoulders was reduced. There was weakness at 90 degrees elevation and full internal rotation. Imaging showed small partial thickness tear of the rotator cuff with minimal AC joint degenerative joint disease and cystic areas posteriorly in the humeral head. The injured worker had exhausted all means of conservative management and needed surgical intervention. Authorization was requested for left shoulder arthroscopic acromioplasty, Mumford procedure, anterior Bankart procedure, and 18 sessions of post-operative physical therapy. The 8/26/15 utilization review non-certified the left shoulder arthroscopic acromioplasty, Mumford procedure,

and anterior Bankart procedure and the associated post-operative physical therapy as there was no documentation of exhaustion of at least 3 months of conservative treatment, including corticosteroid injections, and no evidence of physical exam findings consistent with a Bankart procedure or imaging evidence of labral pathology. The 9/12/15 treating physician report cited persistent left shoulder pain that interfered with her activities of daily living and sleep. She was unable to reach above her elbow level secondary to pain and weakness. Lower extremity shoulder exam documented grossly anteriorly rotated shoulder, significant diffuse tenderness to palpation, 4/5 weakness, and positive Hawkin's, apprehension, empty can, belly press, and lift-off tests. The diagnosis was shoulder impingement, rotator cuff tendon tear, and shoulder tendonitis. The treating physician opined that conservative measures, including steroid injections, were not appropriate as they would not address her weakness or instability. The treatment plan recommended appeal of the denial of the left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Partial Claviculectomy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Acromioplasty; Surgery for impingement syndrome.

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 provide more specific indications for impingement syndrome (acromioplasty) 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. Guideline criteria have not been met. This injured worker presents with on-going left shoulder pain, weakness and limited range of motion. Functional limitations are documented in activities of daily living. She has not participated in physical therapy. Clinical exam findings are generally consistent with imaging evidence of a partial thickness rotator cuff tear. There is no imaging evidence of significant impingement or documentation of a positive diagnostic injection test. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Mumford procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Partial Claviclectomy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: 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. The Official Disability Guidelines criteria for partial claviclectomy (Mumford procedure) generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. This injured worker presents with on-going left shoulder pain, weakness and limited range of motion. Functional limitations are documented in activities of daily living. She has not participated in physical therapy. There is diffuse shoulder tenderness with no specific subjective or objective findings of AC joint pain. There is imaging evidence of minimal degenerative changes at the AC joint. Detailed evidence of 6 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Anterior Bankart procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Partial Claviclectomy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Bankart repairs; Surgery for SLAP lesions; Surgery for shoulder dislocation.

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 show to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines recommend Bankart procedure for a diagnosis of recurrent glenohumeral dislocations. Surgical criteria includes history of multiple dislocations that inhibit activities of daily living and at least one of the following objective clinical findings: positive apprehensive findings, injury to the humeral head, or documented dislocation under anesthesia. Guideline criteria have not been met. This injured worker presents with on-going left shoulder pain, weakness and limited range of motion. There is no history documented relative to initial or recurrent shoulder dislocations. Clinical exam documented positive apprehension findings. There is no imaging evidence of labral pathology. Guidelines indicated that initial treatment is conservative in nature. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Post-operative physical therapy, 18 sessions,: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.