

Case Number:	CM15-0194136		
Date Assigned:	10/07/2015	Date of Injury:	09/15/2014
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/02/2015

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: Minnesota, Florida

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 41 year old female who sustained an industrial injury 09-15-14. A review of the medical records reveals the injured worker is undergoing treatment for disorder of bursae and tendons in the shoulder, complete rupture of the rotator cuff, cervicalgia, bicipital tenosynovitis and cervical disc disorder with radiculopathy. Medical records (08-17-15) reveal the injured worker complains of pain in the neck, which is not rated. The physical exam (08-17-15) reveals positive impingement of the right shoulder. Prior treatment includes physical therapy and medications including Tramadol. Radiological studies are not discussed in the progress note (08-17-15). The MRI reports from 07-29-15 reveals minimal rotator cuff tendinosis, no significant rotator cuff tear, trace glenohumeral joint effusion, no evidence of fracture or dislocation. The original utilization review (09-09-15) non-certified the request for open rotator cuff repair of the right shoulder, surgical assistant, and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open cuff repair of right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 41-year-old female with a date of injury of 9/15/2014. A physical therapy note dated 8/21/2015 documents the clinical diagnosis of neck pain and cervical disc disorder with radiculopathy. The primary treating physician's progress report dated 8/17/2015 indicates subjective complaints of neck pain and right shoulder pain. Examination findings included right shoulder impingement. The diagnosis was complete rupture of rotator cuff, bicipital tenosynovitis and cervical disc disorder with radiculopathy. The treatment plan was a request for open rotator cuff repair of the right shoulder as soon as possible with CPT codes 23420, 23120, 23395, 23020, and 23107. Physical therapy was also requested. An MRI scan of the right shoulder without contrast dated 7/20/2015 has been submitted. The findings included minimal degenerative changes of the acromioclavicular joint, mild lateral down-sloping orientation of the acromion with type I morphology, and no significant fluid in the subacromial subdeltoid bursa. There was mild tendinosis/strain of the supraspinatus and subscapularis tendons without high-grade cuff tear. The long head of biceps tendon was intact. The musculature was grossly normal in signal intensity. No discrete labral tear was identified. The diagnosis was minimal rotator cuff tendinosis. No significant rotator cuff tear, trace glenohumeral joint effusion, minimal hypertrophic change of the acromioclavicular joint and mild lateral down-sloping orientation of the acromion, compatible with mild increased anatomic risk for subacromial impingement, and no evidence of fracture or dislocation. California MTUS guidelines indicate rotator cuff repairs for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. In this case there is no rotator cuff tear present on the imaging studies. Therefore the requested rotator cuff repair is not medically necessary. For impingement syndrome the guidelines recommend conservative care including cortisone injections and physical therapy for at least 3-6 months before considering surgery. Surgery for impingement syndrome is usually arthroscopic decompression. However, it is not indicated for patients with mild symptoms or those who have no activity limitations. In this case there is no evidence of a recent reasonable and/or comprehensive nonoperative treatment protocol with injections and an exercise rehabilitation program of 3-6 months. As such, the surgical requests are not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

Surgical assistant: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

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

Post op physical therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Shoulder.

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