

Case Number:	CM15-0197088		
Date Assigned:	10/13/2015	Date of Injury:	08/09/2010
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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 35-year-old male who sustained an industrial injury on 8/9/10. Injury occurred while he was picking peaching and fell off a ladder, injuring his right shoulder. The 1/8/15 right shoulder MRI impression documented a tear of the posterosuperior portion of the glenoid labrum, supraspinatus tendon strain, and mild os of the right acromioclavicular (AC) joint, and a mildly laterally down sloping orientation of the Type II acromion. The 7/15/15 right shoulder x-rays were reported as unremarkable. The 7/16/15 orthopedic report cited persistent right shoulder pain despite physical therapy and medications. Imaging revealed a tear of the posterosuperior labrum, a strain of the supraspinatus, and mild arthritic changes of the AC joint. Right shoulder exam documented forward elevation to 120 degrees, external rotation to 40 degrees, and internal rotation to the buttocks. There was mild AC joint tenderness and tenderness over the greater tuberosity and proximal biceps. There was 4/5 rotator cuff weakness. Impingement test was positive. There was no instability. The injured worker had right shoulder impingement that had failed prolonged time and therapy. The treatment plan recommended decompression and debridement with mini-operative or arthroscopic treatment of any rotator cuff or labral pathology, and possible distal clavicle resection. The 8/29/15 treating physician report cited right shoulder pain aggravated by pushing, pulling, or overhead movements. Surgery had been recommended. Additional complaints included low back pain radiating into both legs and depression. Right shoulder exam documented tenderness to palpation over the right AC joint. Neer's, Hawkin's, and O'Brien's tests were positive. The diagnosis included right shoulder impingement syndrome with labral tear. Authorization was requested for right shoulder surgery

for impingement syndrome with lateral tear. The 9/15/15 utilization review non-certified the request for a right shoulder surgery for impingement syndrome with lateral tear as the exam of the shoulder and objective radiographic evidence was incomplete in documenting a thorough physical exam and a true intra-articular pathology, and there was no documentation of conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Surgery for Impingement Syndrome with Lateral Tear: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for Impingement syndrome; Surgery for SLAP lesions.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines (ODG) provide more specific indications for impingement syndrome 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. 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 met. This injured worker presents with persistent and function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of impingement. History of injury, clinical exam findings, and imaging indicate labral pathology. The injured worker has reportedly failed long-term reasonable and/or comprehensive non-operative treatment, including medications, activity modification, and physical therapy. Therefore, this request is medically necessary.