

Case Number:	CM15-0199841		
Date Assigned:	10/15/2015	Date of Injury:	03/07/2015
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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 51-year-old female who sustained an industrial injury on 3/7/15. Injury was reported when she caught a falling patient. The 4/19/15 right shoulder MRI documented inflammation and partial thickness tearing of the distal rotator cuff tear. The tendon appeared to be impinged upon by a spur along the undersurface of the acromion and by the distal clavicle at the acromioclavicular (AC) joint. The 6/15/15 right shoulder MRI documented supraspinatus tendinosis. Findings documented moderate degenerative changes of the AC joint. The 9/9/15 treating physician report cited on-going right shoulder pain, worse at night. She reported pain with arm rotation and swelling. She was unable to return to work as a dialysis technician. Conservative treatment included anti-inflammatory medications, oral steroids, physical therapy, ice, and activity modification without sustained relief. She had one corticosteroid injection with no relief. Physical exam documented 5/5 muscle strength, pain with supraspinatus testing, and positive moderate Hawkin's and mild Neer's tests. Imaging of the right shoulder revealed no obvious rotator cuff tear, SLAP or labral tear. There was a small subacromial bone spur. The diagnosis included right shoulder rotator cuff syndrome/tendonitis and impingement syndrome. The treating physician discussed that there were no good indications for surgery at this time given the lack of a rotator cuff tear and lack of efficacy of the subacromial corticosteroid injection. A repeat injection was recommended and performed. The injured worker reported no initial benefit and was told to report back her response in one week. The 9/25/15 addendum indicated that the injured worker had failed a trial of non-operative treatment including corticosteroid injections and was a candidate for shoulder arthroscopy and subacromial

decompression. Authorization was requested for right shoulder arthroscopy. The 9/28/15 utilization review non-certified the request for right shoulder arthroscopy as there was no documentation of a beneficial effect to the two subacromial injections performed to support the medical necessity of decompression surgery. The 10/2/15 treating physician report indicated that authorization for surgery was pending. The injured worker had on-going constant burning right shoulder pain not improving with Motrin, Tylenol #3, or injection. Right shoulder exam documented tenderness, pain and decreased strength. There was normal range of motion, no bony tenderness, no swelling or effusion, no deformity, and no spasms. She was to continue home exercise. Nortriptyline was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (DOG), Indications for Surgery-Acromioplasty.

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

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. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines 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 or rotator cuff deficiency. Guideline criteria have not been fully met. This injured worker presents with on-going right shoulder burning pain. Pain has precluded return to work full duty. Clinical exam findings were consistent with imaging evidence of impingement. Detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no documentation of a painful arc of motion or a positive injection test. Therefore, this request is not medically necessary.