

Case Number:	CM15-0202606		
Date Assigned:	10/19/2015	Date of Injury:	11/06/2012
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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 42 year old female who sustained an industrial injury on 11-06-12. A review of the medical records reveals the injured worker is undergoing treatment for cervical disc syndrome, status post cervical spine surgery, and right shoulder impingement syndrome. Medical records (09-23-15) reveal the injured worker complains of neck pain rated at 2/10 and right shoulder pain rated at 4/10. The physical exam (09-23-15) reveals cervical flexion causes pain at the cervicothoracic junction, and tenderness to palpation in the C5-7 spinous processes, cervical paravertebral muscles, acromioclavicular joint, anterior and posterior shoulder. The impingement test is positive on the right. Prior treatment includes cervical fusion (03-31-14), and 24 sessions of physical therapy. The treating provider reports the MRI of the right shoulder (07-11-15) reveals tears in the rotator cuff with retraction, and substantiates the ongoing lack of motion and pain at the shoulder. The original utilization review (10-06-15) modified the request for surgical repair of the rotator cuff and decompression of the right shoulder with a possible Mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical repair of rotator cuff & decompression of right shoulder, possible Mumford procedure: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line Official Disability Guidelines - Treatment in Workers' Comp. Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic).

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

Decision rationale: Per initial orthopedic consultation of 9/10/2015, the injured worker is a 42-year-old female complaining of pain in the right shoulder. She received a steroid injection into the shoulder in 2013 which lasted a year. More recently an MRI scan of the shoulder dated July 11, 2015 unofficially revealed a large full-thickness tear of the rotator cuff. The injured worker was complaining of constant pain in the right shoulder with reaching, pulling and pushing and was unable to sleep on the right shoulder. She still had some tingling and numbness in the right hand status post cervical fusion. No recent physical therapy was documented although she did receive physical therapy after the cervical fusion. She also received chiropractic care. On examination there was tenderness in the subacromial region and biceps groove. There was a positive impingement sign. Flexion was limited to 160 on the right and was 180 on the left. Abduction was 150 on the right and 180 on the left. Internal rotation was 70 on the right and 90 on the left. External rotation was 70 on the right and 90 on the left. There was no muscle atrophy noted. There was some weakness of the right hand grip. The clinical diagnosis was impingement syndrome, right shoulder and rotator cuff tear confirmed by MRI scan, right shoulder. The treatment recommendation was a corticosteroid injection which she declined. She indicated that she had received 2 prior corticosteroid injections with a good result but they did not last. Authorization was requested for a surgical repair of the rotator cuff and subacromial decompression with possible Mumford procedure. A prior orthopedic note dated March 12, 2015 also indicates the presence of osteoarthritis of the acromioclavicular joint. A prior EMG and nerve conduction study of 2/18/2015 was normal. There was no evidence of cervical radiculopathy, myelopathy or carpal tunnel syndrome, cubital tunnel syndrome or radial tunnel syndrome in the upper extremities. California MTUS guidelines indicate surgical considerations for red flag conditions such as an acute rotator cuff tear in a young worker, activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Surgical considerations depend on the working or imaging confirmed diagnosis of the presenting shoulder complaints rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Surgery for impingement syndrome is usually arthroscopic decompression. For rotator cuff tears surgery is not indicated for patients with mild symptoms or those whose activities are not limited. Conservative treatment has results similar to surgical treatment but without surgical risks. In this case, although the MRI report has not been provided, the progress notes indicate that this is a large full-thickness tear. Current pain levels are not documented; however, the orthopedic consultation documents significant pain interfering with activities of daily living. There is evidence of impingement and a large full-thickness rotator cuff tear. 24 physical therapy treatments have been documented after the cervical spine fusion but it is not clear as to whether these treatments included an exercise rehabilitation program for

the shoulder. Utilization review had certified the surgical procedure but were unable to certify the surgeon requested by name. Based upon the clinical picture, and the imaging findings, the request for arthroscopy with subacromial decompression, rotator cuff repair and possible Mumford procedure is medically necessary.