

Case Number:	CM15-0206190		
Date Assigned:	10/23/2015	Date of Injury:	08/01/2005
Decision Date:	12/11/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/20/2015

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 62-year-old female who sustained an industrial injury on 8-1-06. A review of the medical records indicates she is undergoing treatment for bilateral supraspinatus rotator cuff tear and right wrist pain. Medical records (4-7-15) indicate bilateral shoulder pain. The physical exam reveals slight atrophy of the supraspinatus and infraspinatus of the right shoulder. Muscle strength testing on forward flexion and abduction is "3 out of 5". Positive impingement test is noted. Passive range of motion reveals forward flexion of 100 degrees, abduction 80 degrees, external rotation 90 degrees, and internal rotation 40 degrees. Pain is noted at endpoints of range of motion. Treatment has included bilateral subacromial injections of Lidocaine, Marcaine, and Kenalog. The treating provider indicates that the left shoulder injection "lasted greater than one year". The right shoulder was injected on 8-19-14. The treating provider indicates that she is a candidate for additional left interarticular injections under ultrasound guidance. She is working full-time. The utilization review (9-17-15) includes a request for authorization of right shoulder arthroscopy with revision rotator cuff repair and possible labral repair with associated surgical services. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with revision rotator cuff repair and possible labral repair:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for SLAP lesions.

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

Decision rationale: The injured worker is a 62-year-old female with a date of injury of 8/1/2005. There is a history of chronic recurrent rotator cuff tears of both shoulders status post 2 surgical procedures on the right and 1 on the left. The MRI scan of the right shoulder dated 2/26/2013 revealed a full-thickness rotator cuff tear associated with tendon retraction and superior subluxation of the humeral head in relation to the glenoid. The official radiology report is not available. According to the summary in the utilization review, the MR arthrogram 2/26/2013 was suboptimal due to extensive postsurgical metallic artifact. There was moderate glenohumeral joint space narrowing with small humeral head osteophytes. The progress notes dated September 22, 2015 indicate persisting bilateral shoulder pain, right worse than left. She had a history of chronic recurrent rotator cuff tears of bilateral shoulders. The subacromial injection that she was provided at her previous visit gave her only a few months of relief before the pain returned. She had failed conservative treatment for her shoulder including physical therapy, medications and injections. She was now prepared to undergo arthroscopy with rotator cuff repair. Examination of the right shoulder revealed slight atrophy of the supraspinatus and infraspinatus. Muscle strength on forward flexion and abduction was 3/5. Impingement was positive. Passive range of motion was forward flexion of 100, abduction 80, external rotation 90 and internal rotation 40. There was a positive Yergason and positive Speed's. Examination of the left shoulder did not reveal any atrophy. Muscle strength testing was 4/5. There was positive impingement. There was equivocal Yergason. Passive range of motion was forward flexion of 120, abduction 90, external rotation 60 and internal rotation 40. The diagnosis was bilateral supraspinatus rotator cuff tear, bilateral shoulder pain. Arthroscopy of the right shoulder with revision rotator cuff repair and possible labral repair was requested. An updated MRI with arthrogram of the right shoulder was also requested. Both requests were noncertified by utilization review. She had failed 2 prior rotator cuff repairs and there was no rationale supporting a third rotator cuff repair particularly in light of the degenerative changes in the glenohumeral joint. California MTUS guidelines indicate that surgical outcomes of rotator cuff repairs are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. In this case, the MRIs scan from 2013 revealed retraction of the torn rotator cuff with superior subluxation of the head of humerus indicating thereby that the tear may not be reparable. In addition, degenerative changes were noted in the glenohumeral joint. The degenerative changes have likely progressed since that time and therefore an updated imaging study will be necessary prior to the request for surgery. In light of the foregoing, the request for arthroscopy with rotator cuff repair is not supported. With regard to the labral repair, there is no imaging study provided indicating the need for such a repair. As such, the request is not medically necessary.

MRI, right shoulder, with intra-articular contrast, arthrogram: Upheld

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

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

Decision rationale: With regard to the request for imaging, California MTUS guidelines indicate that when surgery is being considered for a specific anatomic defect magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. As such, the request is not medically necessary.