MAXIMUS Federal Services

Case Number:	CM15-0207622		
Date Assigned:	10/26/2015	Date of Injury:	03/09/2013
Decision Date:	12/29/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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 53 year old female with an industrial injury date of 03-09-2013. Medical record review indicates she is being treated for right shoulder impingement and 4mm rotator cuff tear. The injured worker presented for evaluation on 09-15-2015. The treating physician indicated she had persistent pain despite all attempts at aggressive conservative management and the passage of time. The patient was therefore advised that surgery was indicated for rotator cuff repair, decompression and distal clavicle resection. She reported her pain level as 7 out of 10. This review is based on the information provided. Physical exam 09-15-2015 noted shoulder range of motion as follows: Right Left Forward flexion 160 degree 180 degree Extension 50 degree 50 degree Abduction 160 degree 180 degree Adduction 50 degree 50 degree External rotation 70 degree 90 degree Internal rotation 90 degree 90 degree. Diagnostic studies are documented as MRI "showing a full thickness rotator cuff tear with 4 mm of medial retraction". On 10-08-2015 the following requests were non-certified by utilization review: Right shoulder arthroscopy, possible arthroscopic vs open decompression with acromioplasty, rotator cuff debridement vs repair, resection of coracoacromial ligament and/or bursa as indicated, Mumford procedure, Post-operative physical therapy 3 times a week for 6 weeks (18 sessions) for the right shoulder and Assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, possible arthroscopic vs open decompression with acomioplasty, rotator cuff debridement vs repair, resection of coracoacromial ligament and/or bursa as indicated, Mumford procedure: 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 Rotator Cuff Repair, updated 09/08/2015.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Partial claviculectomy.

Decision rationale: The injured worker is a 53-year-old female with a date of injury of 3/9/2013. She complains of right shoulder pain. An orthopedic surgical consult dated 9/15/2015 is noted. The report documents aggressive conservative management but does not indicate the number of physical therapy treatments, the duration of the same,, or the number of corticosteroid injections. On examination range of motion of the shoulder was near normal. Shoulder movement was painful. Muscle strength was 4/5 on the right and 5/5 on the left in all muscle groups of the shoulder. Impingement testing was positive on the right. The MRI scan of the right shoulder revealed a 4 mm x 4 mm full-thickness supraspinatus tendon tear per progress notes. The objective MRI report is not submitted. A qualified medical evaluation of April 27, 2015 documents mild to moderate degenerative changes of the acromioclavicular joint as well as the small full-thickness rotator cuff tear. The report also documents back pain, bilateral posterior thigh pain, and osteoarthritis of both knees with narrowing of the medial compartments. The California MTUS guidelines indicate a rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. For partial-thickness and small full-thickness tears surgery is reserved for cases failing conservative therapy for 3 months. The preferred procedure is arthroscopic decompression. Surgery is not indicated for patients with mild symptoms or those whose activities are not limited. 2 or 3 subacromial injections of local anesthetic and cortisone preparation over 3-6 months as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears is recommended by guidelines. In this case the tear measures 4 mm x 4 mm which is small. There was near full range of motion of the shoulder documented. The available documentation describes conservative treatment but does not indicate the number of physical therapy treatments, the number of injections, or the duration of such treatment. Evidence of a recent comprehensive exercise rehabilitation program with corticosteroid injections and physical therapy has not been submitted. The documentation also does not indicate significant loss of motion. There is only mild weakness documented. The objective MRI report has not been submitted. The qualified medical evaluation documents mild to moderate acromioclavicular arthritis which does not meet the ODG criteria of severe acromioclavicular arthritis for a Mumford procedure. In light of the foregoing, the request for arthroscopy with subacromial decompression, possible open acromioplasty, possible rotator cuff debridement or repair, resection of coracoacromial ligament and/or bursa, and Mumford

procedure is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-operative physical therapy 3 times a week for 6 weeks (18 sessions) for the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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