

Case Number:	CM15-0207819		
Date Assigned:	10/26/2015	Date of Injury:	02/04/2015
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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 61 year old male, who sustained an industrial injury on 2-4-2015. The injured worker is undergoing treatment for complete left rotator cuff tear, and left acromioclavicular (AC) joint arthritis. Medical records dated 8-26-2015 and 9-23-2015 indicate the injured worker complains of left shoulder pain. The treating physician indicates, "duration with each episode is variable. There is no particular pattern. There are no clearly defined aggravating factors." Physical exam dated 9-23-2015 notes "on the left shoulder, he is tender subacromially. He has painful motion." Review of magnetic resonance imaging (MRI) "shows that he has severe arthritis of the acromioclavicular (AC) joint. He has tight subacromial space. He has full thickness tear at the distal portion of the supraspinatus." The injured worker is on modified work duty. Treatment to date has included ibuprofen. The original utilization review dated 10-13-2015 indicates the request for Left shoulder arthroscopy with debridement, SAD, Mumford and rotator cuff repair is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with debridement, SAD, Mumford and rotator cuff repair:

Upheld

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

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

Decision rationale: The primary treating physician's initial report of August 26, 2015 indicates that the injured worker is a 61-year-old male with a date of injury of 02/04/2015 pertaining to the right shoulder. The pain radiates into the arm and fingers. The symptoms are associated with numbness. The documentation indicates that he was independent with activities of daily living. On examination abduction of the left shoulder was 140 and the right shoulder 170. Flexion was 140 on the left and 170 on the right. Internal rotation was 90 bilaterally and external rotation 45 bilaterally. X-rays of the left shoulder revealed severe acromioclavicular arthritis. The unofficial MRI report from April 17, 2015 revealed a full-thickness tear of the rotator cuff. The size of the tear was not documented. There was no retraction of the tear. There was severe acromioclavicular arthritis with mass effect. The documentation indicates that surgery was scheduled for 7/31/2015 but no operative report has been provided. The follow-up examinations from August and September 2015 do not mention the surgical procedure. Physical examination did not document any arthroscopic scars. The injured worker is continuing to experience pain, which is variable. The procedure had been certified in the past with the exception of biceps tenodesis, which was non-certified. The most recent progress note from September 23, 2015 indicates that the pain was variable and there was no particular pattern and no clearly defined aggravating factors. He was taking ibuprofen. Examination of the left shoulder revealed subacromial tenderness and painful motion but the range of motion is not documented. The prior MRI revealed acromioclavicular arthritis of severe degree but on examination, no tenderness over the acromioclavicular joint is documented. The rotator cuff tear on the MRI scan of April 17, 2015 was considered "mild to moderate." No recent corticosteroid injections or physical therapy has been documented. California MTUS guidelines indicate rotator cuff repairs for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Studies of normal subjects document the universal presence of degenerative changes and conditions including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. In this case, the injured worker is independent with activities of daily living and has good motion in the shoulder per examination of 8/26/2015. However, he is not able to do his usual work and the symptoms have persisted intermittently since 2/4/2015. The surgical procedure was approved and scheduled in July but the reason for cancellation has not been documented. It is not known if surgery was performed or not. The recent progress notes do not document any corticosteroid injections or formal physical therapy necessitated by guidelines for both the rotator cuff repair as well as the Mumford procedure. In light of the above, particularly with documentation of normal activities of daily living, mild to moderate rotator cuff tear with no retraction, no significant activity limitation or loss of motion, the guidelines do not support a surgical repair. As such, the medical necessity of the request has not been substantiated. With respect to the Mumford procedure, ODG guidelines necessitate 6 weeks of conservative care, subjective clinical findings of pain over the acromioclavicular joint, objective clinical findings of tenderness over the acromioclavicular joint, and imaging clinical findings. In this case, although imaging clinical findings are present, the conservative care, subjective, and objective clinical findings have not been documented pertaining to the acromioclavicular joint. As such, the request for a Mumford procedure is not medically necessary.