

Case Number:	CM15-0023103		
Date Assigned:	02/12/2015	Date of Injury:	01/27/2012
Decision Date:	03/26/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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:

The injured worker is a 42 year old female, who sustained an industrial injury on 1/27/12. The mechanism of injury was not documented. Conservative treatment for the left shoulder included medications, acupuncture, physical therapy, and cortisone injections. The 12/10/14 MRI impression documented a small amount of fluid in the subacromial and subdeltoid bursa suggesting bursitis. There were degenerative changes of the acromioclavicular (AC) joint not impinging on the rotator cuff. There was a Type II acromion barely abutting the rotator cuff, and minimal degenerative changes in the superior labrum of the glenoid. The 1/17/15 treating physician report cited no improvement in left shoulder pain following a corticosteroid injection on 12/12/14. She reported daily left shoulder pain, worse with overhead reaching. Left shoulder exam documented anterior shoulder and biceps tendon tenderness, flexion 140 degrees, abduction 120 degrees, and positive impingement sign. The diagnosis included left rotator cuff syndrome and AC joint arthritis. The 1/15/15 treating physician report cited on-going severe neck and left upper extremity pain. Functional difficulty was reported in many activities of daily living due to pain. Physical exam was unchanged MRI findings demonstrated bursitis, AC joint arthritis, and labral degeneration. She had failed non-operative treatment including activity modification, physical therapy, and corticosteroid injection. The treatment plan recommended left shoulder diagnostic and operative arthroscopy with subacromial decompression, possible rotator cuff repair, possible SLAP repair, possible open biceps tenodesis, and distal clavicle excision. Additional requests included assistant surgeon; preoperative blood work; and preoperative electrocardiogram (EKG). On January 27, 2015 Utilization Review partially

certified the request for left shoulder arthroscopy with subacromial decompression and excision of distal clavicle 29826, 29824; assistant surgeon; preoperative blood work; preoperative electrocardiogram (EKG). Utilization Review denied the request for possible rotator cuff repair; possible SLAP repair; and possible open biceps tenodesis, due to no evidence of a rotator cuff tear or type II or IV SLAP lesion to warrant these requests. California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Rotator Cuff repair: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Shoulder: Surgery for rotator cuff repair

Decision rationale: The California MTUS guidelines provide general recommendations for rotator cuff repair. For rotator cuff tears presenting primarily as impingement, surgery is reserved for cases failing conservative treatment for three months. The preferred procedure is arthroscopic decompression. The Official Disability Guidelines for rotator cuff repair of partial thickness tears require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. Guideline criteria have been met. The standard procedure for impingement syndrome would be subacromial decompression, which has been previously certified. However rotator cuff tears, incomplete and MRI-negative, are often confirmed at time of arthroscopic surgery. The treatment of a possible rotator cuff tear should be at the surgeon's clinical discretion at that time. Therefore, this request is medically necessary.

Possible SLAP Repair: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Surgery for SLAP lesions

Decision rationale: The California MTUS do not provide specific recommendations for SLAP lesion repair. The Official Disability Guidelines recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. Definitive diagnosis of SLAP lesions is diagnostic arthroscopy. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guideline criteria have been met. This patient has been partially certified for a subacromial decompression and distal clavicle excision. Physical exam and imaging findings are consistent for plausible

labral tear. Guidelines indicate that the definite diagnosis of SLAP lesions is diagnostic arthroscopy. The treatment of a possible SLAP lesion should be at the clinical discretion of the surgeon at the time of surgery. Therefore, this request is medically necessary.

Possible Open Biceps Tenodesis: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Biceps tenodesis

Decision rationale: The California MTUS do not provide specific recommendations for biceps tenodesis. The Official Disability Guidelines (ODG) state that consideration of biceps tenodesis should include evidence of an incomplete tear with associated subjective/objective clinical findings. This procedure is recommended as an option for the treatment of SLAP lesions in patients over 40 years of age, but not as an independent standalone procedure. The ODG support the use of biceps tenodesis as part of a larger shoulder surgery. Guideline criteria have been met. This patient has been partially certified for a subacromial decompression and distal clavicle excision. There is plausible clinical and imaging evidence of a SLAP lesion. Guidelines indicate that the definite diagnosis of SLAP lesions is diagnostic arthroscopy. The treatment of a possible SLAP lesion should be at the clinical discretion of the surgeon at the time of surgery, including selection of appropriate procedure (i.e. SLAP repair or biceps tenodesis). Therefore, this request is medically necessary.