

Case Number:	CM15-0023158		
Date Assigned:	02/12/2015	Date of Injury:	09/14/2011
Decision Date:	03/26/2015	UR Denial Date:	01/21/2015
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 61 year old male, who sustained an industrial injury on 9/14/11. Injury occurred when he was pushing a tractor and felt an abrupt pain in the neck and right shoulder. He underwent right shoulder arthroscopic labral and rotator cuff repair with subacromial decompression on 11/9/12. He reported persistent right shoulder symptoms. The 12/1/14 right shoulder MR arthrogram impression documented post-surgical changes within the rotator cuff, with residual low to intermediate grade articular surface partial thickness supraspinatus tear. There was severe supraspinatus, moderate infraspinatus, and mild subscapularis tendinosis. There was moderate tendinosis of the long head of the biceps tendon. There was diffuse irregularity of the glenoid labrum with findings consistent with synovitis and/or adhesive capsulitis. There was moderate acromioclavicular (AC) joint degenerative change with mild coracoacromial enthesopathy, and mild narrowing of the subacromial space. Records documented conservative treatment included physical therapy, acupuncture, activity modification, and anti-inflammatory medications. Physical therapy notes indicated the patient completed 30 visits on 12/12/14 without sustained benefit. The 12/16/14 treating physician report cited right shoulder pain, aggravated by lifting, reaching up, and sleeping on that side. He reported some weakness, shoulder instability, and numbness in the right fingertips. The patient had been treated with anti-inflammatories, physical therapy, acupuncture, and a corticosteroid injection with only a few days of partial relief. Physical exam documented subacromial and AC joint tenderness, AC pain with cross-chest abduction, and positive impingement and O'Brien's tests. The November right shoulder MRI showed an extensive SLAP lesion with detachment of

the biceps, and the labrum was detached from 10 to 1:30. There was AC arthritis with no obvious rotator cuff tears but signs of tendinopathy. The diagnosis was failed right shoulder arthroscopic surgery, persistent impingement syndrome, and synovitis. The patient was a good candidate for arthroscopic right shoulder Mumford, possible acromioplasty, possible SLAP lesion repair, if indicated, versus debridement of a labral tear. On 1/21/15, Utilization Review non-certified a request for repeat right shoulder arthroscopy, Mumford procedure, and possible synovectomy, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. The rationale for non-certified documented a lack of formal MRI report and no detailed conservative treatment. On 1/21/15, the injured worker submitted an application for IMR for review of requested repeat right shoulder arthroscopy, Mumford procedure, and possible synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right Shoulder Arthroscopy, Mumford Procedure, Possible Synovectomy:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder; Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Shoulder: Partial claviclectomy; Surgery for impingement syndrome; Surgery for SLAP lesions

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. MTUS guidelines state that resection of the outer clavicle is recommended for chronic disabling acromioclavicular joint pain after 3 to 6 months of conservative care. The Official Disability Guidelines (ODG) provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. The ODG criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have been met. This patient presents with persistent right shoulder pain with subacromial and AC joint tenderness and pain. Functional difficulty is documented with lifting, reaching overhead and lying on that side. Clinical findings are consistent with imaging evidence of severe rotator cuff tendinosis, AC joint arthrosis, and plausible SLAP lesion. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Therefore, this request is medically necessary.