

Case Number:	CM15-0025814		
Date Assigned:	02/18/2015	Date of Injury:	08/19/2014
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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 37-year-old female, who sustained an industrial injury on 8/19/14. Injury occurred when she was vacuuming very extensively for several hours. The 10/1/14 right shoulder MRI impression documented supraspinatus tendinosis and mild infraspinatus tendinosis with no retraction or full thickness tear noted. Findings were suggestive of a SLAP tear. There was mild acromioclavicular (AC) joint osteoarthritis. The acromion was type I with lateral downsloping noted. The orthopedic reports from 10/30/14 to 1/8/15 indicated significant right shoulder pain that limited functional ability. Exams documented positive impingement signs, full range of motion, and pain with supraspinatus testing. The 1/8/15 treating physician report cited persistent recurrent right shoulder pain. A glenohumeral joint injection was provided on the prior visit with good temporary relief. Physical exam documented positive O'Brien's test, exquisite AC joint tenderness, and mild pain with supraspinatus testing. The diagnosis was right shoulder AC joint arthritis, impingement syndrome, SLAP tear, and partial thickness rotator cuff tear. The patient had failed conservative management, including physical therapy and corticosteroid injection. Authorization was requested for right shoulder arthroscopy with debridement of the partial thickness rotator cuff tear, distal clavicle excision, subacromial decompression, and open biceps tenodesis. On 1/29/15, utilization review non-certified right shoulder arthroscopy with debridement of partial thickness rotator cuff tear, distal clavicle excision, subacromial decompression, open subpectoral biceps tenodesis, and physical therapy twice a week for twelve weeks for the right shoulder. The rationale cited missing subjective findings and no documentation of an MRI report. The MTUS Guidelines were cited. On 2/10/15, the injured

worker submitted an application for IMR for review of right shoulder arthroscopy with debridement of partial thickness rotator cuff tear, distal clavicle excision, subacromial decompression, open subpectoral biceps tenodesis, and physical therapy twice a week for twelve weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Debridement of Partial Thickness Rotator Cuff Tear, Distal Clavicle Excision, Subacromial Decompression, Open Subpectoral Biceps Tenodesis: 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: Partial claviclectomy; Surgery for impingement syndrome; Surgery for rotator cuff repair; Surgery for SLAP lesions.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines provide more specific indications for subacromial decompression and rotator cuff repair that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria generally 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. Guideline criteria for partial claviclectomy additionally include subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. The Official Disability Guidelines recommend surgery for SLAP lesions after 3 months of conservative treatment for Type II or IV lesions, when history and physical exam and imaging indicate pathology. Guideline criteria have now been met. This patient presents with persistent function-limiting right shoulder pain. History of injury, on-going clinical exam findings, and imaging evidence are consistent with AC joint arthrosis, SLAP tear, rotator cuff pathology, and plausible impingement. Impingement testing and diagnostic injection tests are positive. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical service: Physical Therapy Twice a week for Twelve weeks for the Right Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff/impingement syndrome and acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, it is within the recommended general course. Therefore, this request is medically necessary.