

Case Number:	CM15-0027500		
Date Assigned:	02/19/2015	Date of Injury:	03/15/2011
Decision Date:	05/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/13/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 63-year-old male who reported injury on 03/15/2011. The mechanism of injury was cumulative trauma. The injured worker underwent an MRI of the left shoulder on 07/29/2014, which revealed no frank fracture or dislocation. There was a 1.9 cm cystic process in the anterolateral aspect of the humeral head, which abutted against the anterolateral cortex. The integrity of the cortex was called into question, and subtle fracture was not ruled out. There was no frank fracture. There were tears of the anterior and posterior labrum and inferior glenohumeral ligament and labral complex. There was no SLAP tear. There was a supraspinatus tendinosis and tear, and a full thickness tear was not ruled out. The injured worker had an anterior and posterior capsular sprain and moderate to severe arthritic changes in the glenohumeral joint. The injured worker had a type 2 acromion with arthrosis of the acromioclavicular joint with edema within the joint as well as edema in the continuous joint space of the acromion, and to a lesser degree in the lateral end of the clavicle. There was extrinsic impingement on the traversing underlying supraspinatus. The documentation of 01/12/2015 revealed the injured worker had increased pain in the left shoulder with increasing difficulty at night. The injured worker had constant pain in the left shoulder with intermittent discomfort of the right shoulder aggravated by reaching forward, lifting, pushing, pulling, and working at or above shoulder level. The patient's pain on the left side was worsening. The physical examination of the bilateral shoulders revealed exquisite tenderness around the left anterior glenohumeral region and subacromial space. The Hawkins and impingement sign were significantly positive on the left. Rotator cuff function appeared intact, although painful on the

left. There was reproducible symptomatology with internal rotation and forward flexion on the left. There was no evidence of instability on examination. The physician reviewed the MRI and opined there was evidence of supraspinatus tendon tear in the critical zone for full thickness tearing. The injured worker was injected with 2 mL of Celestone, 3 mL of lidocaine, and 3 mL of Marcaine with immediate relief. The diagnoses included status post left carpal tunnel release, status post right de Quervain's carpal tunnel release, and clinical impingement, left shoulder with evidence of severe pathology. The treatment plan included a left shoulder arthroscopy with subacromial arch decompression, Mumford resection and repair of the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with subacromial decompression Mumford resection and repair of the rotator cuff: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder Chapter, Partial claviclectomy (Mumford procedure); Surgery-Acromioplasty; Surgery for rotator cuff repair section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Chapter, Partial Claviclectomy.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. They do not however address Mumford resection. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that for a partial claviclectomy, there should be documentation of at least 6 weeks of care directed toward symptomatic care, plus pain at the AC joint and aggravation of pain with shoulder motion or carrying weight, plus there should be tenderness over the AC joint and pain relief with an injection of anesthetic for diagnostic therapeutic trial plus conventional films showing post-traumatic changes of the AC joint. The clinical documentation submitted for review indicated the injured worker had findings upon MRI to support a type 2 acromion, and a partial 2 full thickness tear, and noted to be arthritic changes in the glenohumeral head and moderate osteophyte formation. There was a 1.9 cm cystic process in the anterolateral aspect of the humeral head. The injured worker had findings upon physical examination to support that the tear was a tear that would not respond to conservative intervention. The injured worker underwent a steroid injection which provided instantaneous relief. This would be done for diagnostic purposes. The clinical documentation submitted for review meets the criterion for the

requested intervention. While the conservative care was not provided, the MRI revealed substantial evidence that supports the injured worker had tears of the anterior and posterior labrum and inferior glenohumeral ligament labral complex with moderate to severe arthritic changes in the glenohumeral joint and at 1.9 cm cystic process in the anterolateral aspect of the humeral head, which would not respond to conservative care. The injured worker had physical examination findings to support the necessity for surgical intervention. Given the above, the request for left shoulder arthroscopy with subacromial decompression Mumford resection and repair of the rotator cuff is medically necessary.

Associated Surgical Services: Post Op rehab and gentle range of motion to the left shoulder twelve (12) sessions (3x4): 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.

Decision rationale: The California Medical Postsurgical Treatment Guidelines recommend postsurgical treatment for impingement syndrome and rotator cuff syndrome for 24 visits and the initial therapy is half the recommended number of visits, which would be 12 sessions. As the surgical intervention was found to be medically necessary, the request for associated surgical services: post op rehab and gentle range of motion to the left shoulder twelve (12) sessions (3x4) is medically necessary.

Associated Surgical Services: Arm Sling purchase: 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): 201-205.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a sling for comfort initially is appropriate for acute pain. The injured worker was noted to be medically necessary to undergo surgical intervention and a sling would be appropriate for the short term use. Given the above, the request for associated surgical services: arm sling purchase is medically necessary.

Associated Surgical Services: Medical Clearance with internist: 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 Other Medical Treatment Guideline or Medical

Evidence: Society of General Internal

Medicine <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures". The clinical documentation submitted for review supported the necessity for surgical intervention. As such, a preoperative clearance would be appropriate. Given the above, the request for associated surgical services: medical clearance with internist is medically necessary.

Associated Surgical Services: Surgeon [REDACTED]: 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): 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that surgical consultation may be appropriate for injured workers who have clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The documentation indicated [REDACTED] would be performing the surgical intervention. As such, the request for [REDACTED] is appropriate. Given the above, the request for associated surgical services: surgeon [REDACTED] is medically necessary.