

Case Number:	CM15-0211184		
Date Assigned:	10/30/2015	Date of Injury:	11/05/2014
Decision Date:	12/14/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/27/2015

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:

This injured worker is a 34-year-old male who sustained an industrial injury on 11/5/14. Injury was reported relative to repetitive motions while working as a butcher. Conservative treatment for both shoulders had included physical therapy, extracorporeal shockwave therapy, injections, acupuncture, rest, ice, and medications. The 4/14/15 right shoulder MRI impression documented evidence of impingement with down sloping of the acromion process impinging on the supraspinatus tendon in the rotator cuff. There was a tear of the central portion of the supraspinatus tendon at the insertion site with fluid in the subacromial-subdeltoid bursa indicating a full thickness tear. The 9/22/15 treating physician report cited grade 7/10 bilateral shoulder pain along with low back, right wrist, and bilateral foot pain. He had notable anxiety and stress, and insomnia. Bilateral shoulder range of motion was listed as (left/right): flexion 130/130, diagnostic 30/30, dorsiflexion 40/40, internal rotation 40/60, abduction 130/120, and adduction 30/20 degrees. There were no other exam findings relative to the shoulder documented. The treatment plan included orthopedic evaluation, medications, and acupuncture. The 10/10/15 orthopedic surgery initial report cited chief complaints of low back, bilateral wrist, and ankle pain. He reported that he was in constant pain and was going to therapy with no relief. He took ibuprofen with mild relief. Bilateral shoulder exam documented forward flexion to 120 degrees, abduction 100 degrees, external rotation 40 degrees, and internal rotation to the sacrum. Empty can, impingement, Neer's, and Hawkin's tests were positive. The treatment plan noted that he had bilateral rotator cuff tears and had failed physical therapy and anti-inflammatory medications. Authorization was requested for right shoulder arthroscopy, rotator cuff repair,

subacromial decompression, distal clavicle resection and biceps surgery. The 10/12/15 utilization review non-certified the right shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection and biceps surgery as there was documentation of weakness, limitation with activities, or AC joint dysfunction, and no description of conservative treatment, including injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Rotator Cuff Repair, Subacromial Decompression, Distal Clavicle Resection and Biceps Surgery: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter and on the Non-MTUS Wheelless' Textbook of Orthopaedics states of Biceps Tendonitis - Tendinopathy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for rotator cuff repair; Surgery for impingement surgery, Partial claviclectomy; Surgery for biceps tenodesis.

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 for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. Guideline 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. The Official Disability Guidelines state that consideration of biceps tenodesis should include evidence of an incomplete tear with associated subjective/objective clinical findings. This procedure is recommended for young adult patients, but not as an independent standalone procedure. Guideline criteria have been met. This injured worker presents with persistent and function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of impingement, full thickness rotator cuff tear, and plausible AC joint and biceps involvement. Detailed evidence of at least 4 months of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.