

Case Number:	CM15-0217582		
Date Assigned:	11/09/2015	Date of Injury:	04/15/2013
Decision Date:	12/21/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/04/2015

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 51-year-old male who sustained an industrial injury 4/15/13, relative to a slip and fall. Conservative treatment had included physical therapy, medications, activity modification, and corticosteroid injection without sustained relief. The 3/8/15 left shoulder MRI showed 3 cm cyst of the humeral head near the greater tuberosity. There was a tear of the supraspinatus tendon near the insertion site with a 1 cm gap and fluid in the subacromial subdeltoid bursa indicative of a full thickness tear. The 10/10/15 initial orthopedic evaluation report documented persistent left shoulder pain. He had undergone physical therapy and taken medication with no relief. He had a corticosteroid injection with some mild relief. Left shoulder exam documented forward flexion 120, abduction 100, and external rotation 40 degrees with internal rotation to the sacrum. Neer's, Hawkin's, Speed's, Yergason's, and empty can tests were positive. The left shoulder MRI showed a cyst of the humeral head near the greater tuberosity. Findings were consistent with a full thickness supraspinatus tendon near the insertion site with a 1 cm gap. He had failed conservative treatments. Authorization was requested for left shoulder arthroscopy with rotator cuff repair, subacromial decompression, distal clavicle resection, and biceps surgery. The 10/16/15 utilization review non-certified the request for left shoulder arthroscopic surgery as a detailed MRI report was not provided and there was no detailed information as to prior treatment and response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection & bicep surgery: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome; Surgery for rotator cuff repair; Partial claviclectomy.

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. For small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines provide more specific indications for impingement syndrome and partial thickness rotator cuff repairs 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, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. 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. Guideline criteria have been essentially met. This injured worker presents with persistent and function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of a full thickness rotator cuff tear and plausible impingement. A positive diagnostic injection test is documented. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Occult biceps tears, incomplete and MRI-negative are often confirmed at the time of arthroscopic surgery. Therefore, this request is medically necessary.