

Case Number:	CM15-0218272		
Date Assigned:	11/10/2015	Date of Injury:	08/18/2015
Decision Date:	12/23/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/05/2015

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 48-year-old male who sustained an industrial injury on 8/18/15. Injury occurred when he slipped down the metal stairs landing on his left shoulder and forearm with all his weight. The 8/24/15 left shoulder MRI impression documented a full thickness supraspinatus tear with mild atrophy and retraction. There was superior subluxation of humeral head. The humeral head nearly articulates with the undersurface of a current Type II acromion. There was a small joint effusion with extension of fluid into subacromial/subdeltoid bursa. There was flattening and attenuation of proximal biceps tendon. Conservative treatment included physical therapy, home exercise, medication management, corticosteroid injection, and modified work duties. The 9/30/15 treating physician report cited pain over the lateral and anterior aspects of the shoulder, inability to raise his arm overhead, difficulty with reaching, pain at night, and painful arc of motion. Right shoulder passive range of motion was documented as forward flexion 120, external rotation 70, extension 40, and internal rotation 20 degrees. Active range of motion was limited to below shoulder level. There was no tenderness over the acromioclavicular (AC) joint. There were 3+ impingement signs and 3-/5 weakness. X-rays documented a type 2 acromion, and mild narrowing of the AC. There was calcification over the posterior humeral head suggestive of calcification of the infraspinatus or supraspinatus tendon. There was imaging evidence of a full thickness supraspinatus tear with moderate retraction and mild muscle atrophy. There is moderate cartilage thinning of the glenohumeral articulation. Authorization was requested for left shoulder arthroscopy, possible subacromial decompression, possible distal clavicle resection, arthroplasty, possible labral repair, possible biceps tenodesis, and possible rotator cuff repair. The 10/8/15 utilization review non-certified the request for left shoulder arthroscopic surgery as the all the surgical procedures were not supported as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy possible subacromial decompression, possible distal clavicle resection, arthroplasty, possible labral repair, possible biceps tenodesis, possible rotator cuff repair: Upheld

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

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 Impingement syndrome; Surgery for rotator cuff repair; Arthroplasty (shoulder).

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery and rotator cuff surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. 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. The ODG surgical indications for arthroplasty include glenohumeral or AC joint osteoarthritis with severe pain preventing a good night's sleep or functional disability that interferes with activities of daily living or work, positive radiographic findings of shoulder joint degeneration, and failure of at least 6 months of conservative treatment. Guideline criteria have not been fully met. This injured worker presents with persistent right shoulder and significant dysfunction. Clinical exam findings are consistent with imaging evidence of a full thickness retracted rotator cuff tear and plausible impingement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there are no findings of AC joint pain or significant degenerative joint disease consistent with guidelines for partial claviclectomy. There is no documentation of significant glenohumeral or AC joint osteoarthritis to support arthroplasty. Although surgery to address the rotator cuff tear and impingement would be considered medically reasonable and necessary, there is no evidence to support the inclusion of distal clavicle resection and arthroplasty at this time. Therefore, this request is not medically necessary.

