

Case Number:	CM15-0218541		
Date Assigned:	11/10/2015	Date of Injury:	08/09/2010
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/06/2015

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 36-year-old male who sustained an industrial injury on 8/9/10. Injury occurred while he was picking peaches and fell off a ladder. Initial conservative treatment included physical therapy, medications, and activity modification. The 1/8/15 right shoulder MRI impression documented a tear of the posterosuperior portion of the right glenoid labrum, strain of the right supraspinatus tendon, and mild osteoarthritis of the right acromioclavicular (AC) joint with mildly laterally down-sloping acromion. The 7/16/15 orthopedic report cited persistent right shoulder pain. Right shoulder exam documented forward elevation to 120 degrees, external rotation to 40 degrees, and internal rotation to the buttock level. There was tenderness over the AC joint, greater tuberosity, and proximal biceps. Rotator cuff strength was 4/5 in the infraspinatus, supraspinatus, and subscapularis. Impingement test was positive. He had no instability. Radiographs showed mild arthritic changes of the shoulder. Imaging showed a tear of the posterosuperior labrum, a strain of the supraspinatus, and mild arthritic changes of the AC joint. The diagnosis was shoulder impingement that had failed prolonged time and therapy. The treatment plan recommended right shoulder decompression and debridement, treatment of any rotator cuff or labral pathology in either arthroscopic or mini open fashion, with possible distal clavicle excision if the glenohumeral pathology was more minimal. The 10/2/15 treating physician report cited persistent right shoulder pain, aggravated by pushing, pulling or overhead activities. Right shoulder exam documented tenderness to palpation over the right AC joint. Neer's, Hawkin's, and O'Brien's tests were positive. Upper extremity strength was 5/5. The diagnosis included right shoulder impingement syndrome with labral tear. The treatment plan

recommended continued medications. Authorization was requested for right shoulder surgery for right shoulder impingement. The 10/26/15 utilization review non-certified the request for right shoulder surgery as there was no detailed documentation of failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery for right shoulder impingement: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

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; Surgery for SLAP lesion.

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. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. Guideline criteria have not been fully met. This injured worker presents with persistent right shoulder pain. Clinical exam findings are generally consistent with imaging evidence of labral pathology and plausible impingement. However, there is no documentation of a positive diagnostic injection. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy and injections, and failure has not been submitted. Therefore, this request is not medically necessary at this time.