

Case Number:	CM15-0219882		
Date Assigned:	11/12/2015	Date of Injury:	01/06/2005
Decision Date:	12/24/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/09/2015

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 63-year-old male who sustained an industrial injury on 1/6/06. Injury occurred when he was stocking boxes in a trailer and the boxes fell on him. Past surgical history was positive for subdural hematoma evacuation x 2 and cervical spine fusion. The 6/19/15 pain management report cited complaints of lumbosacral, cervicodorsal, and right anterior shoulder, arm, and clavicular pain, and numbness and tingling of the right upper and lower extremities. Current pain was rated 7/10 and constant. He felt better with medication and rest. Pain was increased with bending, walking, standing, sitting, reaching, pushing, pulling, lying, and climbing. Right shoulder exam documented positive improvement and empty can tests. Right shoulder range of motion was documented as flexion 85, abduction 90, adduction 0, extension 15, internal rotation 45, and external rotation 45 degrees. The diagnosis was shoulder bicipital tenosynovitis, tendinitis and infraspinatus sprain. Referral to an orthopedic specialist was requested for the right shoulder. The 10/5/15 right shoulder MRI impression documented a full thickness tear of the supraspinatus tendon at the insertion site, 1 cm wide, with fluid in the subacromial subdeltoid bursa. Findings were consistent with biceps tenosynovitis. The 10/6/15 left shoulder MRI impression documented a small amount of abnormal signal within the neck of the humerus which could be a technical artifact or possibly a lesion. There was mild subluxation of the humeral head in relation to the glenoid. There was mild thinning and atrophy of the supraspinatus tendon with a possible partial tear, and small joint effusion. There were mild degenerative changes of the acromioclavicular (AC) joint and greater and lesser tuberosity of the humerus. There was slight increased fluid in the bicipital tendon sheath. The 10/10/15 treating

physician report cited bilateral shoulder pain with inability to straighten his arm or perform activities of daily living. Left shoulder exam documented swelling and positive empty can sign. There was limited left shoulder range of motion with flexion 120, abduction 100, and external rotation 40 degrees with internal rotation to the sacrum. The diagnosis included left shoulder lesion. Authorization was requested for shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection, and biceps surgery. The 10/15/15 utilization review non-certified the request for shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection, and biceps surgery as there was no imaging evidence submitted for review and no documentation of 3-6 months 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:

A shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection, and biceps surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter - Rotator Cuff Repair, Surgery for Impingement Syndrome.

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

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 partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have not been met. This injured worker presents with bilateral shoulder pain and functional limitation. Clinical exam findings have documented loss of bilateral shoulder range of motion and positive empty can signs. There is imaging evidence of a full thickness rotator cuff tear with bicipital tenosynovitis on the right and a lesion in the left humeral neck with possible partial thickness rotator cuff tear. There is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. This request does not specify which side surgery is being planned for. The referring physician indicated it was for the right and the requesting physician documented only left sided findings. Therefore, this request is not medically necessary at this time.