

Case Number:	CM15-0219952		
Date Assigned:	11/13/2015	Date of Injury:	01/20/2013
Decision Date:	12/28/2015	UR Denial Date:	10/30/2015
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 48-year-old female who sustained an industrial injury on 1/20/13. Injury occurred when she was pulling a heavy pallet and tore her biceps tendon in the left shoulder. The 9/30/14 left shoulder MRI documented capsular hypertrophy and degenerative joint disease of the left AC joint. There was a small amount of fluid or inflammation in the subdeltoid bursa suspicious for a tear of the superior glenoid labrum. She underwent an initial biceps tenodesis, and subsequent arthroscopic revision decompression and acromioclavicular joint excision on 3/3/15. Post-operative conservative treatment included medications, physical therapy, injection, and activity modification. The 6/15/15 treating physician report cited persistent left anterior shoulder pain. She reported no benefit from the corticosteroid injection. X-rays showed AC joint resection without signs of complication. Physical exam documented good range of motion with active pain in and around the anterior shoulder region. Conservative treatment had been exhausted. The injured worker was to continue exercise and stretch and follow-up in one month. The 7/27/15 treating physician report cited anterior left shoulder pain. Left shoulder exam documented excellent range of motion with guarding at extremes and good strength throughout with abduction, forward flexion, and resisted external rotation. There was pinpoint tenderness along the coracoid and biceps region even though the injured worker had a biceps tenodesis. A MRI was requested. The 8/17/15 left shoulder MR arthrogram impression documented tendinosis of the supraspinatus and infraspinatus tendons with thin laminal interstitial tear with full thickness pinhole communication through the bursal surface. There were postsurgical changes of the distal clavicle and long head biceps tendon. There was a degenerative diminutive labrum and intermediate grade chondromalacia involving the glenohumeral joint with mild

anterior subluxation of the humeral head. The 10/19/15 treating physician report cited bilateral shoulder pain, left more than right. Physical exam documented continued anterior-superior rotator cuff pain, excellent range of motion, pain at extreme motion, and pain with resisted forward flexion and external rotation. Imaging showed a moderate-sized undersurface cuff tear. Authorization was requested for left shoulder arthroscopy for rotator cuff repair. The 10/27/15 utilization review non-certified the request for left shoulder rotator cuff repair as there was no official diagnostic study submitted for review and no evidence that conservative treatment had been exhausted.

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 tear repair: Overturned

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

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.

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 or 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 have been met. This injured worker presents with persistent and function-limiting anterior shoulder pain. Clinical exam findings are consistent with imaging evidence of a small full thickness rotator cuff tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.