

Case Number:	CM15-0223465		
Date Assigned:	11/19/2015	Date of Injury:	12/18/2014
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/13/2015

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 50-year-old female who sustained an industrial injury on 12/18/14. Injury was reported relative to continuous trauma as a sales associate. Past medical history was positive for breast cancer treatment. Conservative treatment had included medications, physical therapy, and activity modification. The 7/16/15 right shoulder x-rays demonstrated subacromial spurring at the AC joint as well as under the lateral head of the acromion. The 8/18/15 right shoulder MRI impression documented a high-grade partial thickness undersurface tear involving at least 50% of the footprint of the supraspinatus tendon is associated with partial retraction of the tendon. There is also a low-grade partial thickness undersurface tear of the infraspinatus, and mild subacromial and subdeltoid bursitis. The 9/30/15 treating physician report cited continued complaints of chronic neck and right shoulder pain. She reported difficulty completing daily activities including personal hygiene and household chores, increased stress and anxiety, and difficulty sleeping due to pain. Right shoulder exam documented pain over the posterior and anterior deltoid heads, diminished right grip strength, and positive impingement signs. There was painful decreased range of motion in flexion and abduction to approximately 75 degrees. Deltoid muscle strength was 4/5. Shoulder appreciation test was negative. Right shoulder imaging showed a high-grade partial thickness undersurface tear of at least 50% of the footprint of the supraspinatus tendon with partial retraction. There was a low-grade partial thickness infraspinatus tear and mild subacromial subdeltoid bursitis. The diagnosis included right shoulder impingement. Authorization was requested for right shoulder arthroscopy with subacromial decompression and right shoulder arthrotomy with rotator cuff repair. The 10/13/15

utilization review non-certified the requests for right shoulder arthroscopy with subacromial decompression and arthrotomy with rotator cuff repair as there was no MRI available for review and no documentation of attempted conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy With Subacromial Decompression: 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.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement 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 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. Guideline criteria have been met. This injured worker presents with persistent right shoulder pain with significant functional difficulty. Clinical exam findings were consistent with x-rays and imaging evidence of positive impingement. A diagnostic injection test was declined by the injured worker due to her breast cancer treatment. 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.

Right Shoulder Arthrotomy With Rotator Cuff Repair: Overturned

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

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 rotator cuff repair.

Decision rationale: The California MTUS guidelines provide a general recommendation for rotator cuff surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for 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 right shoulder pain with significant functional difficulty. Clinical exam findings were consistent with x-rays and imaging evidence of a high-grade retracted rotator cuff tear. A diagnostic injection test was declined by the injured worker due to her breast cancer treatment. 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.