

Case Number:	CM15-0031972		
Date Assigned:	02/25/2015	Date of Injury:	08/02/2014
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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: California

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:

The injured worker is a 48-year-old female who reported an injury on 08/02/2014. The injured worker reportedly struck her upper extremity while mixing. Details of the injury were not provided. The current diagnoses include sprain/strain of the shoulder, radial styloid tenosynovitis, and carpal tunnel syndrome. The injured worker presented on 01/22/2015 for a follow-up evaluation with complaints of ongoing pain in the shoulder and hand. The injured worker had pain across the dorsum of the wrist and radial and volar aspect of the thenar eminence. It was noted that the injured worker was actively participating in physical therapy. Additionally, the injured worker was utilizing Naprosyn and Norflex. Upon examination of the shoulder, there was a positive impingement sign, a positive abduction sign, 4+/5 rotator cuff weakness, intact sensation, and normal grip strength. Recommendations at that time included outpatient versus open surgery on the shoulder for a rotator cuff repair. It was noted that the injured worker underwent an MRI of the right shoulder on 10/09/2014 which revealed a near full thickness rim rent tear of the supraspinatus tendon with 4 to 5 mm of retraction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgery right shoulder scope vs. decompression, rotator cuff repair possible biceps tenotomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, web-based edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Biceps Tenodesis.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. Surgery for impingement syndrome is usually arthroscopic decompression and is not indicated for patients with mild symptoms or those who have no activity limitation. Conservative care including cortisone injections can be carried out for at least 3 to 6 months. Prior to a rotator cuff repair, there should be documentation of a failure of conservative therapy for at least 3 months. According to the documentation provided, the injured worker does have imaging evidence of a near full thickness rotator cuff tear with 4 to 5 mm of retraction. The injured worker's physical examination does reveal a positive impingement sign, a positive abduction sign, and rotator cuff weakness. Given the near full thickness rotator cuff tear, positive examination findings, and exhaustion of conservative treatment in the form of NSAIDs, muscle relaxants, and active rehabilitation, the request for a subacromial decompression with rotator cuff repair can be determined as medically appropriate. Furthermore, the Official Disability Guidelines recommend a biceps tenodesis after 3 months of conservative treatment when there is evidence of a type 2 or 4 lesion. It is also recommended for patients undergoing concomitant rotator cuff repair. In this case, it was noted upon imaging study, the long head of the biceps tendon showed mild tendinosis with evidence of mild degenerative fraying in the undersurface of the superior labrum. The request was previously denied due to a lack of imaging evidence of significant pathology as well as a lack of conservative treatment. However, it is noted that the injured worker has exhausted conservative treatment and does have imaging evidence of significant pathology to support the necessity for the requested surgical intervention. Given the above, the request is medically necessary in this case.