

Case Number:	CM15-0038533		
Date Assigned:	03/09/2015	Date of Injury:	01/12/2008
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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 51-year-old male who reported an injury on 01/12/2008. The mechanism of injury was a slip and fall. There was a Request for Authorization submitted for review dated 01/23/2015. The documentation of 01/12/2015 revealed the injured worker had symptoms, which were unchanged from the last evaluation. The injured worker's medications included Norco 7.5/325 mg. The injured worker was noted to undergo surgery for the low back in 2002. The left shoulder examination revealed the injured worker had scars from a prior arthroscopy that had healed without evidence of infection. The range of motion was 150 degrees of flexion, abduction 165 degrees, external rotation of 70 degrees, and internal rotation of 80 degrees. There was mild tenderness to the dorsal aspect of the shoulder where the distal clavicle and acromion process had been surgically removed. The injured worker had moderate tenderness inferior to the acromion process and distal clavicle. There was moderate to severe tenderness to the subacromial space directly over the rotator cuff, especially at the greater tuberosity. There was mild tenderness to the anterior shoulder capsule where the previous surgical imbrication was done with some limited tenderness along the biceps tendon. There was minimal tenderness to the posterior shoulder capsule. The rotational impingement test was minimally positive for tightness. The overhead impingement test was minimally positive. The cross arm test was negative. His Speed's test demonstrated mild to moderate grade 4 weakness. The external rotator cuff demonstrated severe grade 4 weakness. The internal rotator cuff demonstrated near grade 5 strength. The supraspinatus muscle demonstrated severe grade 4 weakness. There was no anterior instability noted and the apprehension sign caused limited discomfort. The diagnoses

included left shoulder subacromial impingement syndrome status post arthroscopic debridement and acromioplasty associated with primary and post-traumatic acromioclavicular joint arthritis and rotator cuff tendonitis and anterior shoulder instability status post a revision decompression and anterior capsular plication with a subsequent apparent full thickness supraspinatus rotator cuff tear per the MR arthrogram. Treatment plan included a left shoulder arthroscopy, a debridement of the glenohumeral joint, rotator cuff repair and possible biceps tenodesis, plus probable arthrotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for left shoulder arthroscopy, debridement of the gleno-humeral joint, rotator cuff repair (acute), and possible biceps tendonesis plus a probable arthrotomy:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-214, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) shoulder-surgery for rotator cuff repair; biceps tendonesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have activity limitation for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and who have clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. The clinical documentation submitted for review failed to provide documentation of activity limitations for more than 4 months and documentation of a failure to increase range of motion and strength of the musculature around the shoulder. Additionally, there was no official MRI or MRA submitted for review. Additionally, the testing was minimally positive. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for prospective request for left shoulder arthroscopy, debridement of the gleno-humeral joint, rotator cuff repair (acute), and possible biceps tendonesis plus a probable arthrotomy is not medically necessary.