

Case Number:	CM15-0040466		
Date Assigned:	03/10/2015	Date of Injury:	03/01/1998
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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:

The injured worker was a 64-year-old male who sustained an industrial injury on 3/1/98, relative to repetitive work activities as a waiter. The 7/21/14 right shoulder MRI showed likely partial tears of the infraspinatus and supraspinatus tendons, but a full thickness tear could not be excluded. There was acromioclavicular (AC) joint hypertrophy with an inferior spur causing direct rotator cuff impingement. The 9/16/14 treating physician report cited moderate to severe right lateral shoulder pain. The patient had failed to improve with physical therapy. Right shoulder exam documented good range of motion, decreased abduction and elevation strength, and positive Neer's, Hawkin's, and empty can tests. Right shoulder x-rays showed type II acromion and mild AC joint arthritic changes. The treatment plan recommended MR arthrogram to rule-out full thickness rotator cuff repair. The 10/8/14 right shoulder MR arthrogram impression documented a full thickness supraspinatus tear, partial infraspinatus tear, SLAP tear, and mild degenerative hypertrophic changes of the acromioclavicular joint, which abut the underlying supraspinatus muscle and tendon. The 10/17/14 chart note indicated the patient had a full thickness rotator cuff tear and surgical treatment was recommended. Authorization for right shoulder arthroscopic rotator cuff repair, acromioplasty and distal clavicle resection was requested on 1/27/15. The 2/18/15 utilization review non-certified the request for right shoulder surgery as there was no evidence of a diagnostic injection test or tenderness over the AC joint, and no imaging evidence of severe AC degenerative joint disease or AC joint separation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic rotator cuff repair, acromioplasty, distal clavicle resection:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for rotator cuff repair; Partial claviclectomy.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have been met. The patient presents with persistent function-limiting right shoulder pain. Clinical exam and imaging evidence are consistent with a full thickness rotator cuff tear, AC joint arthrosis, and positive impingement. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.