

Case Number:	CM15-0048250		
Date Assigned:	04/08/2015	Date of Injury:	11/14/2014
Decision Date:	05/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 55 year old male, who sustained an industrial injury on 11/14/2014. The initial complaints or symptoms included injury to the left shoulder resulting from pulling a cord on heavy equipment. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays and MRI of the left shoulder, and physical therapy (9 sessions). The MRI of 02/10/2015 revealed a full thickness tear of the distal supraspinatus tendon from his footprint insertion with 0.9 cm proximal retraction of the torn tendon fibers. The tear did not extend to the articular surface. There was a laterally downward sloping distal acromion with undersurface bony remodeling and degenerative changes at the acromioclavicular joint increasing the injured worker's risk for subacromial impingement. There was fraying and degeneration of the anterior superior labrum, small subacromial subdeltoid bursitis and tendinosis and low grade partial thickness undersurface tearing of the distal subscapularis tendon. The documentation of 01/28/2015 revealed the injured worker complains of constant aching pain in the left shoulder that is sharp if he tries to lift his arm above the shoulder level resulting in occasional spasms in the neck. There were also complaints of numbness and tingling in the left arm/hands/fingers. The active range of motion was very limited and painful and the passive shoulder elevation was limited to approximately 110 degrees. The physician documented that he was unable to perform provocative testing due to discomfort and limited motion. The shoulder radiograph revealed a type II acromion on the supraspinatus outlet view. The diagnoses include status-post acute sprain/strain of the left shoulder, probable left shoulder rotator cuff tendinopathy, and frozen left shoulder. The treatment plan consisted of

MRI of the left shoulder, electrodiagnostic testing of the left upper extremity, left shoulder surgery, manipulation under anesthesia with interscalene block and possible diagnostic arthroscopy with capsular release and repair of damaged structures indicated, pre-operative laboratory testing, post-operative physical therapy 5 times per week for 2 weeks followed by 3 times per week for 4 weeks, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Surgery, Manipulation under Anesthesia with Interscalene Block and Possible Diagnostic Arthroscopy with Capsular Release and Repair of Damaged Structures Indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Diagnostic Arthroscopy, Manipulation under anesthesia (MUA).

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. The ACOEM Guidelines do not specifically address diagnostic arthroscopy or manipulation under anesthesia. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a diagnostic arthroscopy is recommended for cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Also they indicate that a manipulation under anesthesia is under study for adhesive capsulitis with significantly restricted range of motion of abduction less than 90 degrees. The clinical documentation submitted for review indicated the injured worker had a significant tear of the distal supraspinatus tendon from its footplate insertion. As such, the diagnostic arthroscopy would not be supported. Additionally, the request indicated there was to be repair of damaged structures as indicated. However, the specific structures were not noted. The documentation indicated the injured worker's range of motion was 110 degrees which would not support the need for a manipulation under anesthesia. Given the above, the request for Left Shoulder Surgery, Manipulation under Anesthesia with Interscalene Block and Possible Diagnostic Arthroscopy with Capsular Release and Repair of Damaged Structures Indicated is not medically necessary.

Post-Op Physical Therapy 5 x 2 weeks left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op Physical Therapy 3 x 4 weeks for left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op Lab Tests to Include CBC, CMP, PT/PTT and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.