

Case Number:	CM15-0053417		
Date Assigned:	03/26/2015	Date of Injury:	08/14/2013
Decision Date:	05/06/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: Minnesota, Florida
 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 55 year old male, who sustained an industrial injury on August 14, 2013. He reported that a door struck him about his left arm and shoulder, with complaints of left shoulder, upper arm, and left shoulder blade pain. The injured worker was diagnosed as having left shoulder sprain/strain, left shoulder impingement syndrome, left shoulder rotator cuff tear, bursitis, and labral tear per arthrogram dated January 16, 2014, sleep disturbance secondary to pain, and history of situational depression. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of pain in the left shoulder. The Primary Treating Physician's report dated January 15, 2015, noted the injured worker reporting the left shoulder pain increased from the last visit. The left shoulder examination was noted to show Grade 1-2 tenderness to palpation with restricted range of motion (ROM), and positive impingement and supraspinatus tests. The left arm examination was noted to show Grade 1-2 tenderness to palpation, unchanged since the previous visit. The treatment plan was noted to include the physical therapy on hold, the recommendation and request for authorization for left shoulder arthroscopic subacromial decompression, rotator cuff repair, and labral debridement, and post-operative physical therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Subacromial Decompression, Rotator Cuff Repair, and Labral Debridement of the Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211.

Decision rationale: The injured worker is a 55-year-old male with a date of injury of 8/14/2013. MR Arthrogram dated 1/16/2014 revealed a degree of tearing involving the superior labrum and posterior labrum. Thickened inferior joint capsule was consistent with injury. Partial-thickness tear of the supraspinatus was noted with a small degree of edema present within the subacromial subdeltoid space. Per examination of 1/15/2015, the injured worker was complaining of 4-5/10 pain in the left shoulder. Examination revealed 1-2 tenderness to palpation. Restricted range of motion was reported but not measured. Impingement and supraspinatus tests were positive. A request for authorization included left shoulder arthroscopic subacromial decompression, rotator cuff repair, and labral debridement with postoperative physical therapy. Prior records from 2013 document 7 physical therapy treatments since 10/31/2013 the range of motion at that time was near full. There was evidence of impingement. The prior MRI scan of the left shoulder dated 10/1/2013 revealed mild arthropathy of the acromioclavicular joint, mild to moderate tendinopathy of the distal anterior rotator cuff insertion with some mild posterior cuff undersurface fraying and small subchondral cysts on the humeral head, small type II SLAP lesion of the anterior superior labrum and otherwise intact biceps labral anchor, mild tendinopathy of the subscapularis and small amount of reactive marrow edema, and a large lytic lesion that extended from the proximal humerus metaphysis into the shaft. Current documentation from 1/15/2015 indicates physical therapy was on hold and he was taking Mobic. Surgery was recommended including arthroscopic subacromial decompression of the left shoulder, rotator cuff repair and labral debridement. California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The injured worker has clinical and imaging evidence of impingement syndrome with partial-thickness rotator cuff tears and labral tears. Surgery for impingement syndrome is subacromial decompression. The documentation indicates a chronic issue since 2013 for which extensive physical therapy and other conservative treatment has been documented. As such, the guidelines requirements for arthroscopy with subacromial decompression have been met. The rotator cuff repair will depend upon the operative findings. As such, the request for surgery is appropriate and medically necessary.

Associated Surgical Service: Post-op Physical Therapy 2 x per week x 6 weeks for the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: California MTUS Post-surgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy is 12 visits and then with documentation of continuing functional improvement a subsequent course of therapy of 12 visits may be prescribed. The request as stated is for 12 visits which is appropriate and as such, the request is medically necessary.