

Case Number:	CM15-0053572		
Date Assigned:	03/27/2015	Date of Injury:	03/18/2009
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
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: 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 is a 61-year-old male who sustained an industrial injury on 3/18/09. The mechanism of injury was not documented. Past surgical history was positive for a right shoulder arthroscopy for SLAP tear debridement, and biceps tenotomy and tenodesis in 2012. He subsequently underwent acromioplasty and lysis of adhesions. The 7/11/14 right shoulder MRI conclusion documented minimal subdeltoid fluid, chronic supraspinatus tendinopathy, and possible small tear of the anterior distal supraspinatus at the greater tuberosity. There was mild tendinopathy and small interstitial tears of the distal subscapularis. There was a small undermining SLAP tear of the supraspinatus labrum, slightly progressed from last exam. There was a prior bicipital tenodesis. The biceps tendon was intact but severely attenuated within the bicipital groove, likely related to chronic tendinopathy and interstitial tearing. There were mild to moderate acromioclavicular and minimal disc herniation degenerative changes. The 8/21/14 treating physician report cited continued right shoulder pain and weakness. Physical exam documented some weakness with resistant abduction and external rotation, pain with full abduction to 90 degrees, pain with rotation beyond 80 degrees, some subacromial crepitus, and no pain over the biceps tendon in the area of the tenodesis. The diagnosis was right shoulder tendinopathy/persistent pain. The treatment plan recommended arthroscopic evaluation and treatment. The patient was retired. The 3/3/15 request for authorization of right shoulder arthroscopy with rotator cuff repair was submitted without additional medical documentation. The 3/9/15 utilization review non-certified the request for right shoulder arthroscopy with rotator

cuff repair as there was no clear evidence of a rotator cuff tear on imaging and no documentation of conservative treatment and response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- shoulder chapter.

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.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines for rotator cuff repair of partial thickness tears generally require 3 to 6 months of conservative treatment, plus painful arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, rotator cuff or anterior acromial tenderness, and positive impingement sign with a positive diagnostic injection test. Criteria include imaging evidence of a rotator cuff deficit. Guideline criteria have not been met. The most recent report in the provided records is dated 8/21/14. There is no current documentation of subjective complaints or clinical exam findings to support the medical necessity of the 3/3/15 request for right shoulder rotator cuff repair. There is imaging evidence of a possible small rotator cuff tear but no current supportive clinical exam. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.