

Case Number:	CM15-0056719		
Date Assigned:	04/01/2015	Date of Injury:	08/29/2014
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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 38-year-old male who sustained an industrial injury on 8/28/14. Injury occurred when he fell approximately 3 feet from a ladder. Conservative treatment included physical therapy, pain medication, home exercise, and activity modification. The 9/17/14 left shoulder MRI impression documented type II acromion with moderate degenerative changes in the acromioclavicular (AC) joint and narrowing of the subacromial space which may predispose to impingement syndrome. Subacromial/subdeltoid bursitis and tendinosis of the supraspinatus tendon. The 1/27/15 left shoulder MRI documented a type II acromion and tenodesis of the supraspinatus tendon and a degenerative SLAP lesion. The 2/24/15 treating physician report cited continued pain and discomfort left shoulder, increased with activity. He had severe pain at night. Left shoulder exam documented flexion 160, abduction 150, external rotation 90, and internal rotation 70 degrees. Speed's, O'Brien's, and impingement tests were positive. There was pain with supraspinatus testing. The diagnosis was left shoulder impingement syndrome, degenerative SLAP lesion, rotator cuff tendinosis, and biceps tendinosis. The 3/11/15 utilization review non-certified the request for left shoulder arthroscopic surgery as there was no detailed evidence of conservative treatment, and there was no rationale for a biceps tenodesis. The 3/24/15 treating physician report cited increasing left lateral shoulder pain. He has pain with activity but not with rest. Physical exam documented flexion to 150 degrees, internal rotation to 70 degrees, and external rotation to 80 degrees. Speed's, O'Brien's, supraspinatus and impingement tests were positive. MRI showed a tear of the superior labrum, type II acromion,

AC joint degenerative changes, and supraspinatus tendinosis. The injured worker had failed conservative treatment. Surgery was again recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, subacromial decompression and biceps tenodesis surgery:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

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 Impingement syndrome; Biceps tenodesis.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines (ODG) provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Conventional x-rays, AP, and true lateral or axillary view. AND MRI, ultrasound, or arthrogram showing positive evidence of impingement are required. The ODG recommend surgery for SLAP lesions after 3 months of conservative treatment, and when history, physical exam, and imaging indicate pathology. SLAP surgery is recommended for patients under age 50, otherwise biceps tenodesis is recommended. Guidelines state definitive diagnosis of SLAP lesions is diagnostic arthroscopy. Guideline criteria have been met. This patient presents with persistent left shoulder pain with activity. History and clinical exam findings are consistent with imaging evidence of a SLAP tear and plausible impingement. There is detailed evidence of physical therapy, activity modification, and pain medication. Therefore, this request is medically necessary as guideline criteria have been reasonably met.