

Case Number:	CM15-0058197		
Date Assigned:	04/03/2015	Date of Injury:	11/19/2009
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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 53-year-old male with a date of injury of November 19, 2009. He complains of pain in his right shoulder and trapezius. On an office visit of 1/28/2015 he stated that his pain had increased. He was having limited range of motion and weakness. He described the pain as sharp, pinching, burning sensation with numbness and tingling in the shoulder and the tips of his fingers. The pain was rated 8/10. Treatment had included physical therapy but no diagnostic studies had been obtained. On examination abduction and forward flexion was 180°. External rotation was 90° and internal rotation 80°. There was no crepitus with active or passive range of motion of the shoulder. However, impingement testing including Neer and Hawkins were positive. There was weakness of rotator cuff. Jobe's test was positive. MRI scan of the right shoulder dated 2/23/2015 is noted. The acromion had a curved undersurface. Moderate degenerative changes were noted in the acromioclavicular joint. A full-thickness tear of the distal supraspinatus tendon measuring 2.0 cm in AP dimension with 2.7 cm proximal retraction of the torn tendon fibers associated with scar in situ formation was noted. There was tendinosis and partial thickness undersurface tearing of the anterior fibers of the distal infraspinatus tendon involving less than 50% of the tendon thickness. There was tendinosis and high-grade partial-thickness undersurface tearing of the subscapularis tendon involving greater than 50% of the thickness. There was no rotator cuff muscle atrophy. There was tendinosis and moderate medial intra-articular subluxation of the proximal long head of the biceps tendon. The labrum was intact. On 3/4/2015, the pain level was 3/10. He was taking Mobic. No ongoing physical therapy or corticosteroid injection was documented. A surgical request for arthroscopy with subacromial

decompression and rotator cuff repair and possible biceps tenodesis or arthroscopy was noncertified by utilization review. The utilization review decision and rationale have not been provided with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right shoulder arthroscopy, decompression, supraspinature and subscapularis repair, possible biceps tenodesis or arthroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213, 214. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Rotator cuff tear.

Decision rationale: The California MTUS guidelines indicate rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Surgical consideration is indicated for patients who have 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. In this case although there is clear presence of a surgical lesion on the MRI scan, a comprehensive rehabilitation program to increase range of motion and strength of the musculature around the shoulder with associated failure has not been documented. Full range of motion and a current pain level of 3/10 is reported. The guidelines further state that studies of normal subject's document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Although the documentation does indicate physical therapy, the number of visits and duration of the therapy is not provided. The documentation also indicates the presence of neck pain and paresthesias in the extremity and so cervical pathology has not been ruled out. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area have not been performed. As such, the guidelines criteria have not been met. ODG guidelines indicate rotator cuff repair with the diagnosis of full-thickness rotator cuff tear and cervical pathology and frozen shoulder syndrome have been ruled out. In this case cervical pathology has not been ruled out. Radicular paresthesias in the extremity are reported. Subjective clinical findings of shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. In this case abduction is reported to be 180 and forward flexion also 180. However, a pain level of 3/10 was reported on the last exam. Objective clinical findings of weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection plus Imaging clinical findings of a deficit in the rotator cuff is present. In this case, the subjective clinical findings of inability to elevate the arm is not documented. Objective clinical findings of significant weakness or absence of abduction are not present. There is no atrophy of the rotator cuff muscles on the MRI scan. Although impingement sign is

present, temporary relief of pain with anesthetic injection is not documented. As such, the ODG guidelines criteria have not been met. In light of the foregoing, and based upon the information available at this time the request for arthroscopy with subacromial decompression and rotator cuff repair and possible biceps tenodesis and arthrotomy is not supported by guidelines. As such, the medical necessity of the request has not been substantiated.