

Case Number:	CM15-0234496		
Date Assigned:	12/10/2015	Date of Injury:	09/28/2015
Decision Date:	01/19/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/01/2015

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:

This injured worker is a 58-year-old male home health physical therapist who sustained an industrial injury on 9/28/15. Injury occurred catching a falling patient. He reported a tearing sensation and acute pain in the posterior aspect of the left shoulder, with subsequent giving out and loss of motion. Past surgical history was positive for bilateral carpal tunnel releases, bilateral elbow releases, and right shoulder biceps tenodesis. Initial conservative treatment included anti-inflammatory medication, activity modification, immobilization, and 4 visits of physical therapy were prescribed. The 10/10/15 left shoulder MRI revealed a partial thickness articular surface 9 mm tear of the rotator cuff. There was no full thickness tear present. There were interstitial micro tears of the bicipital labral anchor complex without dehiscence. Fluid distended the bicipital tendon sheath and acromioclavicular (AC) arthropathy. The 10/26/15 treating physician report cited grade 3/10 left shoulder pain, with symptoms in the wrist and elbow. He reported giving out and loss of motion, with a subluxation type sensation. Physical exam documented full active and passive shoulder range of motion bilaterally, limited on the left by pain. There was significant tenderness over the acromioclavicular joint. There was pain with stress testing of the rotator cuff and positive impingement maneuvers. There was 4/5 supraspinatus and infraspinatus weakness. Treatment had included a sling and medication. Imaging showed evidence of an acute appearing partial thickness tear of the undersurface of the supraspinatus. It was noted that the injured worker had a history of having difficulty with injections and simply wanted to consider surgery. Authorization was requested for left shoulder arthroscopy with rotator cuff repair, subacromial decompression, distal clavicle excision and debridement. The 11/6/15 utilization

review non-certified the request for left shoulder arthroscopic surgery as there was no documentation of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder RTC repair, subacromial decompression, distal clavicle excision, shoulder scope debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for Impingement syndrome; Surgery for rotator cuff repair; Partial claviclectomy.

Decision rationale: The California MTUS 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 provide indications for impingement syndrome and partial thickness rotator cuff repair 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, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. This injured worker presents with persistent left shoulder pain with giving out and limited range of motion. Clinical exam findings were consistent with reported imaging evidence of an acute partial thickness rotator cuff tear and plausible impingement. A diagnostic anesthetic injection test is not reported. There is no evidence of up to 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Therefore, this request is not medically necessary at this time.