

Case Number:	CM14-0009786		
Date Assigned:	02/21/2014	Date of Injury:	07/01/2013
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/25/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male pipe fitter sustained an industrial injury on 7/1/13. He reported an onset of sharp right shoulder pain relative to hammering and grinding cement pipe that worsened over time. The 11/14/13 physical therapy progress report indicated that the patient had been seen for 4 visits. The patient had continued difficulty tolerating therapeutic exercise and manual therapy that involved passive, active-assistive, or active range of motion shoulder elevation due to pain. The patient had the most relief with modalities. Discharge from physical therapy was recommended. The 12/16/13 orthopedic report indicated the patient had right shoulder pain with forward elevation of the arm. Pain was reported over the anterior shoulder, the acromioclavicular (AC) joint, and sometimes radiates toward the biceps and pectoralis. X-rays reportedly showed some spurring of the acromion. An MRI showed fluid around the biceps tendon and some arthritis involving the AC joint. A cortisone injection provided some temporary relief, but the pain had returned. Physical exam findings documented tenderness over the bicipital groove, positive Yergason's test, positive Speed's test, slight impingement sign, compression test caused pain over the AC joint, and good rotator cuff strength. The diagnosis was acromioclavicular joint arthritis, bicipital tendinitis, and impingement syndrome. The treatment plan recommended right shoulder arthroscopy with subacromial decompression, possible biceps tenodesis, and AC joint resection. The 1/16/14 utilization review denied the request for right shoulder surgery based on an absence of a formal imaging report. The 1/24/14 primary treating physician report cited continued right shoulder pain and inability to lift with the right arm or perform regular duties. MRI findings showed osteoarthritis of the AC joint with a spike on the rotator cuff and impingement present. Objective findings documented AC joint tenderness, abduction and flexion limited to 120 degrees, internal rotation to the pelvic rim, positive Neer and Hawkin's signs, and slight rotator cuff weakness. The request for surgery was appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY: BICEPS PROXIMAL TENODESIS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Surgery For Ruptured Biceps Tendon (At The Shoulder).

Decision rationale: Under consideration is a request for right shoulder biceps proximal tenodesis. The California MTUS guidelines do not address biceps tenodesis for chronic injuries. The Official Disability Guidelines for biceps tenodesis state that nonsurgical treatment is usually all that is needed for tears in the proximal biceps tendon. Guidelines criteria for biceps tenodesis include x-ray and imaging findings of a deficit in the rotator cuff. Guideline criteria have been met. Subjective and objective findings suggest a plausible associated proximal biceps tendon tear (which is not always evident on imaging.). Therefore, this request for right shoulder biceps proximal tenodesis is medically necessary.

SURGERY: SHOULDER ARTHROSCOPY SUBACROMIAL DECOMPRESSION: Overturned

Claims Administrator 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery For Impingement Syndrome.

Decision rationale: Under consideration is a request for arthroscopic subacromial decompression. The California MTUS guidelines do not address acromioplasty for chronic injuries. The Official Disability Guidelines for acromioplasty generally require 3 to 6 months of conservative treatment, and subjective, objective, and imaging clinical findings consistent with impingement. Guideline criteria have been met. Reasonable conservative treatment has been tried and failed. Subjective and objective findings consistent with impingement have been documented. MRI findings documented an acromial spur into the rotator cuff causing impingement. Therefore, this request for right shoulder arthroscopic subacromial decompression is medically necessary.

SURGERY: SHOULDER DISTAL CLAVICULECTOMY MUMFORD: Overturned

Claims Administrator 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Partial Claviclectomy (Mumford Procedure).

Decision rationale: Under consideration is a request for distal claviclectomy (Mumford procedure). The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines 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 been met. Reasonable conservative treatment has been attempted and has failed. Subjective and objective clinical findings of AC joint pain, tenderness, aggravation with motion and carrying weight, and positive diagnostic injection test are documented. Imaging findings note AC joint osteoarthritis with a spur into the rotator cuff causing impingement. Therefore, this request for right shoulder distal claviclectomy (Mumford procedure) is medically necessary.

SURGERY: ARTHROSCOPY SHOULDER DEBRIDEMENT EXTENSIVE: Overturned

Claims Administrator 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery For Rotator Cuff Repair.

Decision rationale: Under consideration is a request for arthroscopic debridement, extensive. The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines support surgery for rotator cuff repair for patients failing conservative treatment for 3 months with subjective, objective, and clinical findings of a rotator cuff deficit. Guideline criteria have been met. This patient presents with on-going right shoulder pain and functional limitation precluding return to work. Reasonable conservative treatment has been attempted and has failed. There is subjective, objective, and clinical findings of impingement and rotator cuff involvement. Therefore, this request for arthroscopy debridement, extensive is medically necessary.