

Case Number:	CM14-0116764		
Date Assigned:	08/04/2014	Date of Injury:	05/16/2014
Decision Date:	12/31/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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 Minnesota. 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:

The injured worker is a 63 year old male with a date of injury of May 16, 2014. He complains of aching, burning, penetrating, and shooting pain to the left shoulder. Diagnosis included a rotator cuff tear and bicipital tenosynovitis. Treatment has included diagnostic imaging, orthopedic consultation, and Norco. Magnetic resonance imaging of the left shoulder dated June 9, 2014 showed "high grade articular surface tear of the distal subscapularis tendon retracted to the level of the glenoid, medial subluxation of the long head biceps tendon with a flat morphology at the level of the proximal bicipital groove with moderate to severe tendinosis of the intra articular segment. Tenosynovitis is present. Intermediate signal intensity and thickening of the inferior glenohumeral ligament with synovitis in the axillary pouch, subscapularis recess and rotator interval, correlate clinically for examination findings of adhesive capsulitis. Moderate to severe supraspinatus and moderate infraspinatus tendinosis. Moderately advanced acromioclavicular joint arthrosis with subchondral changes. Lateral down sloping acromion narrows the lateral supraspinatous outlet, There is mild subacromial subdeltoid bursitis". Progress report dated June 18, 2014 noted moderate tenderness present at the bicipital groove and pain with manual resistance. Treatment plan included activity modification, repeat magnetic resonance imaging of the left shoulder, and re-evaluation for left shoulder; left shoulder arthroscopy with subacromial decompression and rotator cuff repair with possible biceps tenotomy versus tenodesis. Per the MTUS a repeat magnetic resonance imaging is not indicated as there is no supporting documentation indicating the need for a repeat test. Re-evaluation for left shoulder; left shoulder arthroscopy with subacromial decompression and rotator cuff repair with possible biceps tenotomy versus tenodesis is not indicated as it is for significant tears that impair activity by causing weakness of arm elevation or rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat closed MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 210.

Decision rationale: California MTUS guidelines for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult, or neurovascular dysfunction or weakness from a massive rotator cuff tear or failure to progress in a strengthening program. The injured worker has had an MRI scan and the diagnosis has been made. Despite the quality issue with the imaging the guidelines require 3 months of documented conservative treatment with medication, corticosteroid injections, physical therapy, and a strengthening exercise program before surgical considerations. A repeat MRI scan is not indicated per guidelines and is not medically necessary as it will not change the treatment. Therefore the request for a repeat closed MRI is not medically necessary.

Re-evaluation for left shoulder; Left shoulder arthroscopy with subacromial decompression and rotator cuff repair with possible biceps tenotomy versus tenodesis:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: California MTUS guidelines require at least 3 months of documented conservative treatment for a rotator cuff tears presenting primarily as impingement . The documentation does not indicate corticosteroid injections, physical therapy, or a documented exercise program for strengthening. Good range of motion is documented with impingement signs. Surgical considerations include activity limitation for more than 4 months or failure to increase strength of the musculature around the shoulder. A diagnostic or therapeutic subacromial injection is not documented. Based on the above the medical necessity of the requested surgery is not established .