

Case Number:	CM14-0123720		
Date Assigned:	09/24/2014	Date of Injury:	09/21/2000
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

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 Orthopaedic 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 63-year-old female cosmetic department supervisor sustained an industrial injury on 9/21/00. Injury occurred when she stood on a step ladder to reach an overhead box, lost her balance, fell backwards, and landed on her back and left shoulder. Past surgical history was positive for left shoulder surgery in 2002 and T10-11 discectomy in November 2003. The 3/18/14 electrodiagnostic studies revealed evidence of bilateral carpal tunnel syndrome. The 6/5/14 right shoulder MRI impression documented a type I-II acromion with moderate acromioclavicular joint proliferative changes with impingement upon the supraspinatus tendon insertion to the humeral head. There was an 80% tear with medial retraction to the humeral head. The rest of the rotator cuff muscles and tendons were normal. Findings were suggestive of subcoracoid bursitis and bicipital tenosynovitis with no evidence of a SLAP tear or injury. Records indicated the patient had been approved and scheduled for right carpal tunnel release and right trigger fingers release on 8/18/14. The 7/23/14 treating physician report indicated the patient had been referred regarding her right shoulder MRI findings. Subjective complaints included numbness in hands, wrists, and thumb, index and middle fingers with triggering of the right middle, ring, and small fingers. Right shoulder range of motion testing demonstrated extension 50, flexion 150, abduction 40, adduction 50, internal rotation 60, and external rotation 70 degrees. Increasing pain was reported towards terminal range of motion. Weakness was noted with flexion, abduction, and internal rotation. There was tenderness to palpation over the acromioclavicular joint. Drop-arm, Neer's and Hawkin's tests were positive on the right. MRI findings documented right shoulder impingement and rotator cuff tear. Authorization was requested to perform right shoulder arthroscopy with subacromial decompression and rotator cuff repair at the same time as the scheduled right carpal tunnel and trigger fingers release. The

7/29/14 utilization review denied the request for right shoulder surgery as the patient was 63 years old and conservative measures had not been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right shoulder arthroscopy, subacromial decompression, rotator cuff repair, possible distal clavicle resection (surgery to be added to the right CTR endo vs open): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for Impingement Syndrome, Surgery for Rotator Cuff Repair.

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, Surgery for Rotator Cuff Repair.

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 is not indicated for patients with mild symptoms or those whose activities are not limited. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty 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. Imaging clinical findings showing positive evidence of impingement are typically required. Guideline criteria have not been met. There is no current pain or functional assessment relative to the right shoulder documented. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, directed to the right shoulder, and failure has not been submitted. Guideline-recommended therapeutic corticosteroid injection(s) and diagnostic impingement injection test have not been documented. Therefore, this request is not medically necessary at this time.