

Case Number:	CM14-0125564		
Date Assigned:	08/11/2014	Date of Injury:	06/10/2009
Decision Date:	10/24/2014	UR Denial Date:	07/31/2014
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 Orthopedic Surgeon, Hand Surgeon and is licensed to practice in Texas and Georgia. 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 53-year-old female with a reported date of injury on 06/10/2009. The injury reportedly occurred when the injured worker was on a 3 foot step ladder, lifting a case of wine over her shoulder, and felt a sudden onset of neck, back, and left shoulder pain. Her diagnoses were noted to include degenerative joint disease of the left shoulder with rotator cuff tear. Her previous treatments were noted to include injections, physical therapy, and medications. The provider indicated that an MRI performed 05/10/2013 showed thickening with a normal signal of the distal supraspinatus tendon, possibly consistent with tendinosis versus degenerative change versus extensive partial intrasubstance tear. There were also degenerative hypertrophic changes of the acromioclavicular joint, which about the underlying supraspinatus muscle and tendon. The progress note dated 04/22/2013 revealed complaints of pain of the greater tuberosity that radiated down the upper arm. The physical examination revealed tenderness over the tuberosity region and good motion, with relatively good strength and a positive impingement and mild positive O'Brien's test. The initial physical therapy progress note 06/06/2014 revealed left the shoulder range of motion was abduction to 140 degrees, external rotation was to 90 degrees, flexion was to 150 degrees, and internal rotation was to 40 degrees. The right shoulder range of motion was noted to be 150 degrees with abduction, 90 degrees with external rotation, 150 degrees with flexion, and 60 degrees with internal rotation. The physical therapy note dated 07/09/2014 revealed the left shoulder range of motion with flexion to 150 degrees, abduction was to 140 degrees, external rotation was to 90 degrees, and internal rotation was to 40 degrees. The right shoulder range of motion was noted to be flexion to 150, abduction was to 150 degrees, external rotation was to 90 degrees, and internal rotation was to 60 degrees. The progress note dated 07/15/2014 revealed persistent pain with a markedly positive impingement test and O'Brien's test. A provider indicated the injured worker had failed

medications, injections, and physical therapy, and would like to proceed with arthroscopic evaluation of the left shoulder with distal clavicle resection and possible rotator cuff repair versus debridement. The Request for Authorization form was not submitted within the medical records. The request was for a possible rotator cuff repair versus debridement of the left shoulder arthroscopy with distal clavicle resection due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Rotator Cuff repair versus Debridement Left Shoulder Arthroscopy with Distal Clavicle Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211..

Decision rationale: The request for Possible Rotator Cuff repair versus Debridement Left Shoulder Arthroscopy with Distal Clavicle Resection is not medically necessary. The injured worker has attempted physical therapy, injections, and medications. The CA MTUS/ACOEM guidelines state rotator cuff repair is indicated for significant tears that impair activities by causing weakness of an arm elevation and rotation, and particularly acutely in younger workers. Rotator cuff tears are frequently partial thickness or small full thickness tears. For partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. The preferred procedure is usually arthroscopic decompression, which involves debridement of inflamed tissue, burning of the anterior acromion, lysis, and sometimes, removal of the coracoacromial ligament, and possibly removal of the outer clavicle. Surgery is not indicated for patients with mild symptoms or for those whose activities are not limited. Lesions of the rotator cuff are a continuum, from mild supraspinatus degeneration to complete ruptures. Conservative treatment has similar results to surgical treatment but without surgical risks. The efficacy of arthroscopic decompression for full thickness tears depends of the size of the tear; one study reported satisfactory results in 90% patients with small tears. A prior study by the same group recorded satisfactory results in 86% of patients who underwent open repair for larger tears. Surgical outcomes of rotator cuff tears are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. The official MRI report was not submitted within the medical records for review. The provider indicated the MRI revealed significant acromioclavicular joint degenerative changes that abutted the supraspinatus muscle and tendon but had normal signal of the distal supraspinatus tendon, possibly consistent with tendinosis versus extensive partial tearing. The injured worker has failed conservative care and the physical examination revealed persistent pain with a markedly positive impingement test and O'Brien's test as well as decreased range of motion. However, without the official MRI report, the requested surgery is not appropriate at this time. Therefore the request is not medically necessary.