MAXIMUS Federal Services

Case Number:	CM14-0161128		
Date Assigned:	10/06/2014	Date of Injury:	08/15/2012
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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:

The claimant is a 62-year old male who sustained a lifting injury on 08/15/12 while working as a refrigeration service technician in construction. There was an MRI of the left shoulder performed on 2/4/14, showed mild sub-deltoid bursitis/fluid. There was distal supraspinatus/infraspinatus tendinopathies with interstitial tearing, and partial thickness under surface tear of the distal supraspinatus, tendinopathy, insertional tearing of the spear distal subscapulares, and long head of the biceps tendinopathy with partial medial subluxation from the superior bicipital groove. There was no definite full-thickness rotator cuff tear. There was a small joint effusion. There was glenohumeral head degenerative change noted. The claimant underwent surgical intervention which involved full-thickness rotator cuff tear, advancement distally of the rotator cuff, ostectomy of the humoral head, debridement of the greater tuberosity, acromioclavicular joint debridement, partial excision, acromioplasty, subacromial bursectomy, advancement and reconstruction of the deltoid, use of xenograft, ACELO repair and manipulation under anesthesia and release of adhesion's in the glenohumeral joint and subacromial space on 04/10/14. A physical therapy note from 7/31/14 documented that the claimant had 16 visits of therapy up to that point. At that time, he was noticing a little less pain. He was still experiencing an uncomfortable arc of motion. There is no specific objective quantifiable documentation presented for review. The office note dated 09/03/14, which is a hand-written note, noted that the claimant was five (5) months postoperative. Examination was documented as abduction to 150 degrees and flexion to 120 degrees. He had 4/5 strength. It was recommended that he continue physical therapy. This request is for left shoulder arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy surgery: Upheld

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) Indications for surgery-rotator cuff repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California ACOEM Guidelines recommend that prior to considering surgical intervention for the shoulder in the absence of a full-thickness rotator cuff tear, there should be documentation of failure to increase range of motion, strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion. There should be documentation; there is clear clinical and imaging evidence of a lesion showing the benefit in both the short and long-term from surgical repair. Specifically with regards to impingement syndrome and partial thickness rotator cuff tears, there should be documentation of a minimal of three to six months of conservative treatment prior to recommending considering surgical intervention. The medical records do not clearly indicate whether this is a retro perspective request or current request for the future. Regardless of the perspective of the request, there is little to no documentation supporting that the claimant has attempted, failed and exhausted a conservative treatment approach which should include anti-inflammatories, formal physical therapy, home exercise program, and injection therapy for a minimum period of three to six months. If this is a request for an upcoming surgery, the claimant is less than seven (7) months from most recent surgical intervention and it is unclear as to whether or not the claimant has reached maximum medical improvement from the previous procedure. In the setting of revision shoulder arthroscopy with rotator cuff repair, it would be imperative to know the quality of tissue and whether or not there has been a new injury since previous surgical intervention which would necessitate further additional revision surgical intervention. In addition, if this is for an upcoming request, there is no new diagnostic study clearly conferring pathology which may be amendable to surgical intervention which would be imperative to know prior to considering a revision of surgical intervention. Therefore, based on the documentation presented for review and based on the California ACOEM Guidelines, the request for the left shoulder arthroscopy cannot be considered medically necessary.