

Case Number:	CM14-0090204		
Date Assigned:	07/23/2014	Date of Injury:	11/11/2010
Decision Date:	09/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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 is a 50-year-old female with a 11/11/10 date of injury. The exact mechanism of injury has not been described. On 5/7/14, the injured worker presented for follow-up. The subjective exam is documented as unchanged. The physical exam is documented as unchanged. MRI of the right shoulder on 4/24/14 shows degenerative changes of the right AC joint, full-thickness appearing tear of the distal right supraspinatus tendon and partial tear of distal right infraspinatus tendon, tendinosis of right subscapularis tendon, probable small tear of glenoid labrum, and evidence of calcific tendinosis. Diagnostic Impression: Bilateral Carpal Tunnel Syndrome, Bilateral Shoulder Impingement syndrome, Overuse Syndrome, Psoriasis. Treatment to date: medication management, physical therapy, carpal tunnel release, excision of ganglion cyst on left long finger. A UR decision dated 5/19/14 denied the request for arthroscopic shoulder surgery based on the fact that the injured worker symptoms or limitations of activities are not known. Minimal information was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy of the Rotator Cuff Repair Decompression, and a Biceps Tenotomy as needed.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

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 Chapter: Rotator Cuff Repair, Decompression Other Medical Treatment Guideline or Medical Evidence: Wheeler's Textbook of Orthopaedics: Biceps Tendonitis-Tendinopathy.

Decision rationale: MTUS states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation; conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment, but without the surgical risks, and further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In addition, ODG criteria for repair of full-thickness rotator cuff tears include a full-thickness tear evidenced on MRI report. CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. CA MTUS states that ruptures of the proximal (long head) of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. However, there is no subjective description of functional limitations or difficulties with activities of daily living in regards to the right shoulder. A comprehensive exam of the right shoulder, including active and passive ROM testing, is not documented. The only findings on exam for subjective and objective were noted as "unchanged". There is no description of recent conservative management directed specifically for the shoulder. Therefore, the request for Right Shoulder Arthroscopy of the Rotator Cuff Repair Decompression and Biceps Tenotomy as needed was not medically necessary.