

Case Number:	CM14-0092092		
Date Assigned:	07/25/2014	Date of Injury:	09/20/2011
Decision Date:	10/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 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 56-year-old male who reported an injury on 09/20/2011 after lifting a 50 pound box. The injured worker reportedly sustained an injury to his low back and right shoulder. The injured worker was initially treated with conservative treatment; however, failed to respond and ultimately underwent surgical intervention on 10/25/2012. It was noted that the injured worker underwent capsulolabral reconstruction, synovectomy, bursectomy, and subacromial decompression. The injured worker was treated with medications, physical therapy, and a home exercise program. The injured worker underwent an MRI on 02/24/2014. It was noted that the injured worker had supraspinatus tendinosis, a partial tendon tear of the infraspinatus with underlying calcinosis, biceps tenosynovitis, superior labral tear type 2, acromioclavicular joint osteoarthritis, and osseous cyst at the anterolateral humeral head. The injured worker was evaluated on 04/16/2014. It was documented that the injured worker had significant tenderness over the right anterior cervical triangle with restricted cervical range of motion secondary to pain. Evaluation of the right shoulder documented range of motion as 150 degrees in forward flexion, 140 degrees in abduction, 70 degrees in external rotation, and 30 degrees in internal rotation with a positive impingement sign and adduction sign. The injured worker's diagnoses included right rotator cuff injury, recurrent right shoulder injury, right biceps tendinitis, right shoulder impingement syndrome, SLAP lesion of the right shoulder, cervicobrachial syndrome with cervical disc disease. It was noted that the injured worker had failed extensive nonoperative care and would benefit from surgical intervention. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Superior Labrum Anterior to Posterior Repair, Open Biceps Tenodesis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- shoulder (surgery for SLAP lesions)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: MTUS ACOEM Guidelines recommends surgical intervention for shoulder injuries that have significant functional limitations identified on a physical examination that are consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has undergone extensive nonoperative treatment and has persistent symptoms consistent with pathology identified on an imaging study. Therefore, surgical intervention would be supported in this clinical situation. As such, the request for superior labrum anterior to posterior repair and open biceps tenodesis is medically necessary and appropriate.

Excision distal Clavicle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for surgery-Partial claviclectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: MTUS ACOEM Guidelines recommend surgical intervention for shoulder injuries that have significant functional limitations identified on a physical examination that are consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has undergone extensive nonoperative treatment and has persistent symptoms consistent with pathology identified on an imaging study. Therefore, surgical intervention would be supported in this clinical situation. As such, the request for excision distal clavicle is medically necessary and appropriate.

Right Shoulder Arthroscopy, SAD(Subacromial Decompression), Rotator Cuff Repair: Overturned

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): 209-212.

Decision rationale: MTUS ACOEM Guidelines recommend surgical intervention for shoulder injuries that have significant functional limitations identified on a physical examination that are consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has undergone extensive nonoperative treatment and has persistent symptoms consistent with pathology identified on an imaging study. Therefore, surgical intervention would be supported in this clinical situation. As such, the request for excision right shoulder arthroscopy, SAD (subacromial decompression), and rotator cuff repair is medically necessary and appropriate.