

Case Number:	CM13-0010887		
Date Assigned:	06/06/2014	Date of Injury:	03/04/2013
Decision Date:	06/02/2015	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 was 57 years old at the time of the injury. She reported industrial trauma to the left shoulder on 3/3/2013 with associated pain and bruising. MRI scan of the left shoulder dated 3/14/2013 revealed a surgical neck fracture of the proximal humerus without displacement or angulation. There was minimal adjacent soft tissue edema. The acromioclavicular joint demonstrated very minimal arthropathy. There was tendinopathy of the supraspinatus tendon along the bursal side with no evidence of tearing. The labrum was intact. The long head of biceps tendon was situated within the bicipital groove. The articular cartilage was maintained. There was some fraying of the posterior labrum inferiorly. An orthopedic consultation dated March 28, 2013 is reviewed. This 57-year-old right-hand-dominant female sustained an injury to her left shoulder on 3/3/2013. She developed swelling and bruising of the arm all the way down to the elbow and forearm. She reported gradual improvement since the injury and at the time of this exam almost all the bruising had resolved. A request for left shoulder subacromial decompression, distal clavicle excision and possible rotator cuff repair with postoperative physical therapy was noncertified by utilization review on 7/23/2013. The MRI of the shoulder showed multifocal faceted changes in the marrow. It appeared like a benign cyst was present in the area that had fractured through. The diagnosis was left shoulder proximal humeral bone cyst and associated pain from the acute injury. The recommendation was to work with physical therapist to improve motion and strength. On April 30, 2013 the range of motion of the shoulder was 150°, external rotation 20° and internal rotation to the sacrum. The subacromial space was injected with Depo-Medrol and lidocaine/Marcaine combination. On July 9, 2013 continuing

improvement in the range of motion was documented but there was some persisting pain and surgery was advised including subacromial decompression, acromioplasty, distal clavicle excision and possible rotator cuff repair. The utilization review noncertified the surgical request as there was documentation of improving range of motion with conservative care, forward elevation had increased from 90° to 150°, imaging showed a non-displaced fracture of the surgical neck of humerus but there was no rotator cuff tear, there was no finding of impingement on imaging and there was no surgical pathology found. The decision was appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder subacromial decompression, distal clavicle excision and possible rotator cuff repair, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/shoulder.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Partial claviclectomy.

Decision rationale: The California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. In this case the diagnosis is a fracture of the surgical neck of humerus. The orthopedic notes also described a bone cyst in that area. The physical therapy notes document continuing improvement in the range of motion and strength. There is no definite imaging evidence of impingement on the MRI scan. Surgery for impingement syndrome is usually arthroscopic decompression. However, the procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections and an exercise rehabilitation program can be carried out for at least 3-6 months before considering surgery. The documentation provided indicates improvement in the range of motion and strength with physical therapy. The degenerative changes in the acromioclavicular joint were minimal and do not meet the ODG guidelines criteria of severe acromioclavicular arthritis for the distal claviclectomy. There is no documentation of a rotator cuff tear on the imaging studies. As such, the request for a rotator cuff repair is not supported. The primary diagnosis was the fracture of surgical neck of humerus. There has been no documentation of failure of the conservative treatment. As such, the request for arthroscopy of the shoulder with subacromial decompression, acromioplasty, and distal clavicle excision with possible rotator cuff repair is not supported and the medical necessity of the request has not been substantiated.