

Case Number:	CM14-0212564		
Date Assigned:	12/29/2014	Date of Injury:	08/30/2013
Decision Date:	02/19/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California, Tennessee, South Carolina
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 36-year-old male with a 8/30/13 date of injury. At the time (11/11/14) of the Decision for Right shoulder arthroscopy with arthroscopic repair of the slap tear, subacromial decompression and debridement, there is documentation of subjective (right shoulder pain) and objective (tenderness over the right shoulder, positive Neer's test, positive Hawkin's test, positive O'Brien's test, decreased range of motion, and 4/5 muscle strength) findings, imaging findings (MRI of the right shoulder (7/9/14) report revealed supraspinatus tendinosis, infraspinatus tendinosis, bucket handle tear of the glenoid labrum, and moderate acromioclavicular arthrosis with associated effusion), current diagnoses (right shoulder impingement syndrome with superior labral tear), and treatment to date (medications, physical therapy, chiropractic therapy, and acupuncture). There is no documentation of failing additional conservative therapy (cortisone injections); and additional subjective clinical findings (pain with active arc motion 90 to 130 degrees and pain at night).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with arthroscopic repair of the slap tear, subacromial decompression and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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, Subacromial Decompression and Manipulation Under Anesthesia

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of a diagnosis of right shoulder impingement syndrome with superior labral tear. In addition, there is failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months (medications and physical modalities). Furthermore, there is documentation of objective clinical findings (weak abduction and positive impingement sign). Lastly, given documentation of imaging findings (MRI of the right shoulder identifying supraspinatus tendinosis, infraspinatus tendinosis, bucket handle tear of the glenoid labrum, and moderate acromioclavicular arthrosis with associated effusion), there is documentation of imaging clinical findings (arthrogram showing positive evidence of deficit in rotator cuff). However, there is no documentation of failing additional conservative therapy (cortisone injections). In addition, despite documentation of subjective (right shoulder pain) findings, there is no documentation of additional subjective clinical findings (pain with active arc motion 90 to 130 degrees and pain at night). Therefore, based on guidelines and a review of the evidence, the request for Right shoulder arthroscopy with arthroscopic repair of the slap tear, subacromial decompression and debridement is not medically necessary.