

Case Number:	CM14-0217832		
Date Assigned:	01/07/2015	Date of Injury:	05/15/2012
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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: 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 sustained a work related injury on May 15, 2012, slipping and falling, injuring the shoulder. The injured worker was noted to have undergone a left shoulder arthroscopy with extensive debridement of the glenohumeral joint, subacromial decompression, Mumford procedure, and open subpectoral biceps tenodesis on 7/1/2013. A copy of the surgical report was not included in the documentation provided. She then underwent 20 PT sessions in 2013 without relief. The injured worker received a cortisone injection in August 2014 with one week's relief. An MRI scan of the left shoulder dated November 7, 2014, was noted to show supraspinatus tendinosis without evidence of definite tear, subscapularis tendinosis, fluid within the acromioclavicular joint and the subacromial /subdeltoid bursa, previous postsurgical changes at the acromioclavicular joint, and status post biceps tenodesis. The Primary Treating Physician's report dated November 11, 2014, noted the injured worker still having a lot of pain in the left shoulder, getting worse over time. The Physician noted that a cortisone injection only lasted about eight days, and that the therapeutic home exercises were not helping the pain. Physical examination was noted to show left shoulder tenderness over the greater tuberosity and bursal area, with a positive Hawkins sign. Flexion was 160 degrees and abduction 140 degrees, external rotation was 85 degrees and internal rotation was to T12. The Physician noted the shoulder MRI revealed rotator cuff tendinitis and some bursitis. The Physician noted the injured worker with rotator cuff tendinitis and bursitis with pinhole tearing of the rotator cuff, failing conservative management with anti-inflammatories, therapeutic exercises, and cortisone injections, with recommendation for arthroscopy with rotator cuff repair and subacromial decompression as the

only treatment option left. The injured worker was noted to be working full duty. She also had low back and bilateral sacroiliac pain. On December 2, 2014, the Primary Treating Physician noted the injured worker still having tremendous pain, with severe tenderness to palpation on the SI joints bilaterally, left worse than right. The Physician requested authorization for left shoulder arthroscopy, rotator cuff repair, subacromial decompression, an assistant surgeon, and two surgical implants 4.75mm Swivelock by Arthrex and 5.5mm Heilcoil Regensorb (x3) by [REDACTED]. On December 16, 2014, Utilization Review evaluated the request for left shoulder arthroscopy, rotator cuff repair, subacromial decompression, an assistant surgeon, and two surgical implants 4.75mm Swivelock by Arthrex and 5.5mm Heilcoil Regensorb (x3) by [REDACTED], citing the MTUS American College of Occupational and Environmental Medicine (ACOEM), Chapter 9 Shoulder Complaints, and the Official Disability Guidelines (ODG), Shoulder, Low Back, and Indications for Surgery Chapters. The UR Physician noted that there was no evidence in the medical reports submitted that the injured worker had failed recent physical therapy prior to the proposed surgery, nor did the records contain specific MRI findings of a rotator cuff tear to warrant the rotator cuff repair. The UR Physician noted that the medical records failed to support the requested surgery, and that in consideration of the foregoing issues and the referenced evidence-based practice guidelines, the medical necessity of the requested left shoulder arthroscopy, rotator cuff repair, subacromial decompression, an assistant surgeon, and two surgical implants 4.75mm Swivelock by Arthrex and 5.5mm Heilcoil Regensorb (x3) by [REDACTED], had not been established and were non-certified. The decision was subsequently appealed to 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 arthroscopy, rotator cuff repair and subacromial decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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, 210, 211, 213.

Decision rationale: 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. The documentation indicates supraspinatus tendinosis on the MRI scan of 11/7/14 but no rotator cuff tear was noted. Examination findings of 11/11/14 indicate flexion of 160 and abduction 140, external rotation 85 and internal rotation to T12. Strength was 5/5. Hawkins was positive. Based upon the MRI findings, the requested surgical procedure of a rotator cuff repair was not indicated. The surgery for impingement syndrome which is usually arthroscopic decompression is not indicated for patients who do not have activity limitations. Conservative care for 3-6 months is necessary including corticosteroid injections and an exercise program before considering surgery.

Documentation does not indicate a recent comprehensive exercise rehabilitation program with 2-3 subacromial injections of local anesthetic and cortisone preparation over an extended period as necessitated by guidelines. As such, the request for arthroscopy with subacromial decompression and rotator cuff repair is not supported and the medical necessity of the request is not substantiated.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213..

Decision rationale: The requested surgery is not medically necessary. Therefore the request for an assistant surgeon is also not medically necessary.

Two surgical implants 4.75mm by 5.5mm heilcoil regensorb x3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-shoulder chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213..

Decision rationale: The requested surgery is not medically necessary. Therefore the requested implants are also not medically necessary.