

Case Number:	CM14-0218176		
Date Assigned:	01/07/2015	Date of Injury:	06/11/2013
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/30/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 42-year-old with a work-related injury dated June 11, 2013. The physician's visit dated October 13, 2014 reflected that the worker was complaining of left shoulder pain and stiffness as well as weakness. A magnetic resonance imaging of the left shoulder and physical therapy had been requested but had not gotten a response to the request. The worker was currently out of work and associated symptoms included difficulty sleeping and an inability to lie on his left shoulder. Physical exam was remarkable for tenderness along the left shoulder, rotator cuff and bicep tendon. There was also pain in the bicep and mild tenderness along the posterior capsule, shoulder girdle and trapezius on the left as well. The worker had mild weakness against resistance and decreased range of motion to pain. Diagnoses at this visit included left shoulder impingement with rotator cuff strain, bicipital tendinitis and acromioclavicular joint inflammation. Plan of care included activity restrictions to include no overhead reaching, forceful pushing, pulling and lifting. The plan also included continuation of current pain medication regime, a home TENS unit and hot and cold wrap therapy. On November 10, 2014, the worker was examined by his physician and symptoms were unchanged and diagnoses were the same. Treatment request at this visit included left shoulder arthroscopy and ultrasound of the biceps. The utilization review decision dated November 25, 2014 non-certified the request for one left shoulder arthroscopy and decompression, evaluation of rotator cuff and biceps between November 10, 2014 and January 19, 2015. The rationale for non-coverage given stated that ACOEM guidelines do not recommend ultrasonography for evaluation of the rotator cuff. The Official Disability Guidelines state recent reviews suggest that clinical examination using

diagnostic ultrasound by a specialist can rule out the presence of a rotator cuff and either a magnetic resonance imaging or ultrasound could be equally used for detection of full thickness rotator cuff tears. Ultrasonography and magnetic resonance imaging have comparable high accuracy at identifying biceps pathologies and rotator cuff tears. Ultrasound may also be more cost effective, therefore the request was considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1Left shoulder arthroscopy and decompression, evaluation of rotator cuff and bicep tendons: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, Arthroplasty, Arthroscopy, Surgery for impingement syndrome, Surgery rotator cuff tear

Decision rationale: Pursuant to the Official Disability Guidelines, left shoulder arthroscopy and decompression and evaluation rotator cuff and biceps tendon is not medically necessary. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. The Official Disability Guidelines enumerate the indications for surgery-acromioplasty. The criteria include, but are not limited to, 3 to 6 months conservative care. Subjective clinical findings include pain with active arc motion 90 to 130 and pain at night; objective findings weak or absent abduction, atrophy and tenderness over the rotator cuff or a interior chrome wheel area and positive impingement sign; and imaging (conventional x-rays MRI, ultrasound or arthrogram) shows positive evidence of impingement. The Official Disability Guidelines for rotator cuff repair (full thickness) include subjective clinical findings of shoulder pain and inability to elevate the arm, tenderness over the greater tuberosity; objective findings include weakness with abduction testing, atrophy of the shoulder, full passive range of motion is usually present; imaging findings include x-rays, MRI, ultrasound or arthrogram shows positive evidence of deficit and rotator cuff. Criteria for partial thickness rotator cuff or acromioplasty or impingement includes, but is not limited to, conservative care for 3 to 6 months; subjective clinical findings pain with active arc motion 90 to 130 and pain at night; objective clinical findings and weak or absent abduction, may demonstrate atrophy and tenderness over the rotator cuff and positive impingement sign; and imaging conventional x-rays, MRI, ultrasound, arthrogram shows positive evidence of deficit in rotator cuff. In this case, the injured worker's working diagnoses are left shoulder impingement with rotator cuff strain; bicipital tendinitis and acromioclavicular joint inflammation. Subjectively, the injured worker had pain along the biceps tendon with constant pain. He underwent a cortisone injection and more than 24 sessions of physical therapy with no significant relief. The injured worker is requesting surgery. Objectively, the injured worker has tenderness along the left shoulder. He is able to abduct the shoulder 160 with full strength with resistance. There is tenderness along the trapezius that extends into the next. MRI from July 14, 2014 showed rotator cuff tendinitis, moderate AC joint osteoarthritis and subacromial subdeltoid bursitis. The criteria for surgery

(full thickness tear) include weakness with abduction testing, atrophy of the shoulder with full passive range of motion. The criteria for surgery (partial thickness tear) includes pain with active arc motion 90 to 130 with a weak or absent abduction. The physical examination shows the injured worker can abduct the shoulder 160 and has full strength with resistance. The criteria are not met for left shoulder arthroscopy and decompression, and evaluation of rotator cuff and biceps tendon. Consequently, absent clinical documentation to support the criteria for left shoulder arthroscopy and decompression, and evaluation of rotator cuff and biceps tendon, left shoulder arthroscopy and decompression, and evaluation of rotator cuff and biceps tendon are not medically necessary.