

Case Number:	CM15-0173815		
Date Assigned:	09/04/2015	Date of Injury:	05/19/2014
Decision Date:	10/08/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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 is a 28 year old male who sustained an industrial injury on 5-19-14. The Doctor's First Report of Occupational Injury or Illness, dated 5-20-14, states that he presented to the clinic with complaints of pain in his upper back area between his shoulder blades. It states that the injured worker reported that he began having symptoms in July 2013 due to "repetitive bending, twisting, and lifting of a variety of items". He indicated that his employment was an "on-need" basis, so he would work for a few weeks then be off until the employer called him again. He reported that the pain was "intermittent" and rated it from "2-6 out of 10". He reported that he "was feeling relatively fine until 3-20-14", when he was exercising at a gym. He reported that the pain became "severe and almost disabling". The day prior to the clinic visit, he had returned to his job. He reported that he experienced pain, rating it "3-4 out of 10". He noted the cause to be repetitive standing, bending and twisting side to side, and lifting and turning to place objects on a counter. He was diagnosed with muscle strain and physiotherapy treatments were recommended. On 10-7-14, he complained of constant thoracic spine pain, intermittent right shoulder pain, and intermittent tingling in bilateral hands and fingers. He was diagnosed with cervical myofascial sprain and strain, thoracic sprain and strain, and unspecified derangement of the right shoulder joint. An MRI of the cervical spine, thoracic spine, and right shoulder was recommended. He was given a prescription for Naprosyn. On 11-4-14, the progress record indicates that the MRIs were completed. No changes were noted to his diagnoses. The treatment plan was to undergo physical therapy, as the provider observed spasms and loss of range of

motion in his neck. The report stated that he "may need arthroscopic surgery of the right shoulder, as a glenoid labral tear would not respond to physical therapy". The 5-7-15 progress report indicates that the injured worker underwent an MRI of the right shoulder on 4-23-15, revealing tendinosis of the supraspinatus and infraspinatus tendons, as well as the subscapularis tendon. "There was no evidence of a tear". An MR arthrogram was recommended for further evaluation. On 6-4-15, the injured worker continued to complain of right shoulder pain and right-sided back pain. He underwent the MR arthrogram on 5-29-15. The report indicates that the MRI scan of 5-29-15 "is consistent with a labrum tear". His diagnoses included shoulder impingement and bursitis, as well as thoracic sprain and strain. The report states that the injured worker "is requesting a trigger point injection in the right paraspinal musculature and is requesting surgery for his labral tear". The treatment recommendations were to refer to pain management for the trigger point injection and to request authorization for right shoulder arthroscopy, debridement and possible rotator cuff repair of the glenoid labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: With regard to the request for a trigger point injection, California MTUS guidelines recommend injections with an anesthetic such as bupivacaine for non-resolving trigger points but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle which produces a local twitch in response to a stimulus to the band. In this case, the documentation indicates diffuse mid and upper back pain. As such, trigger point injections are not recommended and the medical necessity of the request has not been substantiated.

Right shoulder video arthroscopy with debridement possible rotator cuff repair of the glenoid labrum: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG, Section: Shoulder, Topic: Labral tears, SLAP lesion.

Decision rationale: The injured worker is a 28-year-old male with a date of injury of 5/19/2014. He developed pain in his neck, upper back, and right shoulder from lifting clothes in July 2013. His symptoms increased when he was attempting to work out with a punching bag. He was initially diagnosed with a thoracic strain. He received physical therapy for the thoracic spine but did not improve. The MRI scan of the right shoulder performed on 10/24/2014 was suspicious

for a tear of the superior glenoid labrum. An MR arthrogram was recommended. The MRI scan was otherwise negative and there was no documentation of impingement. A repeat MRI of the right shoulder dated 4/23/2015 revealed thickening of the supraspinatus, infraspinatus and subscapularis tendons consistent with tendinosis. The glenoid labrum was unremarkable. An MR arthrogram of the right shoulder was performed on 5/29/2015. The findings included no evidence of a rotator cuff tear. The biceps tendon was appropriately located in the bicipital groove distally. Proximally the biceps labral complex was intact. There was a focal contrast imbibement at the superior glenoid labrum suspicious for a small superior labral tear. The MR arthrogram did not document any evidence of impingement. A subsequent examination of 6/4/2015 documents continuing right shoulder pain and right sided mid back pain. Objective findings included right paraspinous thoracic spine and positive apprehension test for the right shoulder. He was continuing to experience mid back and shoulder pain. Examination of the right shoulder revealed a positive O'Brien's test, subacromial tenderness and positive apprehension test. Right thoracic paraspinous spasms and tenderness was documented. The diagnosis was shoulder impingement/bursitis and thoracic sprain/strain. The treatment plan was right shoulder surgery for a labral tear and trigger point injections by pain management. The prior records indicate one corticosteroid injection with subsequent increase in the shoulder pain on May 13, 2015. Examination on that day revealed abduction and forward flexion limited to 130 and internal rotation limited to 60. Apprehension test and impingement tests were equivocal since he had pain in all directions. There was moderate glenohumeral and subacromial tenderness. With regard to the SLAP lesions, ODG guidelines indicate type I and type III lesions do not need any treatment or are debrided. Type II lesions consisting of detachment of the superior labrum need surgery. Type IV lesions need surgery if more than 50% of the biceps tendon is involved. In this case the biceps tendon is not involved. There is a small superior labral tear possibly present. The criteria for surgery include 3 months of physical therapy with trial/failure, history and physical examination and imaging indicate pathology and age under 50. In this case although physical therapy has been documented, it was mostly for the thoracic spine. The guideline necessitated 3 months of shoulder physical therapy has not been documented. For impingement syndrome, the guidelines recommend 3-6 months of physical therapy with 2-3 corticosteroid injections. In this case, the pain is diffuse and a diagnostic lidocaine injection to distinguish pain sources in the shoulder area has not been documented. Furthermore there is no imaging evidence of impingement. The lack of pain relief from one corticosteroid injection does not support the diagnosis of impingement. In light of the foregoing, the request for a right shoulder arthroscopy with debridement and possible rotator cuff repair of the glenoid labrum is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.