

Case Number:	CM15-0179932		
Date Assigned:	09/21/2015	Date of Injury:	04/03/2015
Decision Date:	11/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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: California, Oregon, Washington
 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 39-year-old male, who sustained an industrial injury on April 3, 2015. He reported injury to the back and shoulders. The injured worker was diagnosed as having lumbago and joint pain of the right and left shoulder. Treatment to date has included diagnostic studies, injection, physical therapy and medications. Physical therapy was noted to make his shoulder pain worse. On May 13, 2015, an MRI of the left shoulder showed a full thickness tear of the supraspinatus tendon with medial retraction of 6.3 mm. There was also partial thickness tearing of the infraspinatus tendon with a small intramuscular cyst. Erosive changes were noted in the humeral head and there was tenosynovitis of the biceps tendon. An MRI of the right shoulder, performed on the same day, showed a full thickness tear of the rotator cuff with medial retraction of 14.5 mm with evidence of an anterior labral tear. On June 23, 2015, a subacromial injection to his left shoulder was noted to provide "temporary relief" of his pain lasting about a day. On July 21, 2015, the injured worker complained of constant pain in both shoulders, left worse than right. The pain was characterized as sharp and throbbing and was noted to be worsening. The pain was rated as an 8 on a 1-10 pain scale. He also reported low back pain rated as a 7 on the pain scale. Physical examination of the bilateral shoulders revealed tenderness around the anterior glenohumeral region and subacromial space, the left side being more pronounced than on the right. Hawkins and impingement signs were positive. Rotator cuff function was noted to be intact but painful. The treatment plan included surgical repair of both shoulders. On August 13, 2015, utilization review denied a request for left shoulder arthroscopy with subacromial decompression, Mumford resection rotator cuff repair, right shoulder

arthroscopy with subacromial arch decompression, Mumford resection and rotator cuff repair and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with subacromial decompression, Mumford resection rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / acromioplasty & partial claviclectomy.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 7/21/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 7/21/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the determination is for non-certification. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for posttraumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, the exam note from 7/21/15 and the imaging findings from 5/13/15 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the request is not medically necessary.

Right shoulder arthroscopy with subacromial arch decompression, Mumford resection & rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / acromioplasty & partial claviclectomy.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery

recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 7/21/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 7/21/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the determination is for non-certification. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for posttraumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, the exam note from 7/21/15 and the imaging findings from 5/13/15 do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore, the request is not medically necessary.

Associated surgical service: medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.