

Case Number:	CM15-0076789		
Date Assigned:	04/28/2015	Date of Injury:	01/31/2014
Decision Date:	05/28/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/22/2015

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: Illinois, California, Texas
 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 62-year-old male who sustained an industrial injury on 1/31/14. Injury occurred when he was rimming a bolt hose and it snagged, causing right shoulder pain. The injured worker underwent right shoulder arthroscopy with rotator cuff repair and sub-pectoral biceps tenodesis on 5/8/14. The 11/26/14 right shoulder MRI impression documented status post interval rotator cuff tendon repair procedure. There was a focal recurrent or residual tear towards the posterior aspect of the supraspinatus tendon footprint, rotator cuff tendinopathy-fraying and small cyst or interstitial tear at the infraspinatus musculotendinous junction. There was labral fraying and degeneration with associated labrum tears, moderate subacromial/subdeltoid bursitis, and degenerative arthrosis at the acromioclavicular (AC) and glenohumeral joints. The 12/12/14 orthopedic report cited right shoulder stiffness, not progressing. Right shoulder exam documented range of motion as flexion 110 degrees, external rotation 5 degrees at 0 degrees, and external rotation 65 degrees at maximum abduction 70 degrees. Internal rotation was to the sacrum. Strength was documented as 5/5 over the supraspinatus, infraspinatus, and subscapularis. The MRI showed a questionable small residual defect but the majority of the repair looks okay. The assessment documented right shoulder stiffness 7 months post-operative with questionable partial persistent defect status post rotator cuff repair. The injured worker wished to proceed with surgery involving repeat scope, release of interval/adhesions/capsule, with or without revision rotator cuff repair. The 12/22/14 physical therapy report indicated the patient had completed 12 post-operative visits. Physical exam documented active elevation starting with the elbow bent and the hand in from of the right shoulder to 150 degrees. Elevation

with the elbow strain and hand by his side was 100 degrees maximum. Abduction was 100 degrees. Passive range of motion with pulley sitting elevation was 170 degrees. The physical therapist opined the problem was more weakness versus stiffness, and pain remained a problem. Home exercise program was updated. The 2/2/15 physical therapy report for visit #14 indicated that the right shoulder was still painful and weak. Physical exam documented active elevation was 155 degrees. Rotator cuff strengthening was too painful and he stopped. There was 180 degrees of pulley flexion. Home exercise program was reviewed and encouraged. The 3/3/15 physical therapy report for visit #15 indicated that the injured worker felt like he had plateaued and was contemplating surgery to fix the rotator cuff. Physical exam documented active range of motion with elevation and abduction 145 degrees. Passive range of motion with pulley was 180 degrees. Manual muscle testing documented strength as 5/5 biceps, 3+/5 external rotation, 5/5 internal rotation, and 3+/5 abduction. The injured worker was encouraged to push harder on the strengthening exercises even if it was hard. Recheck was planned for one month. The 3/12/15 treating physician report indicated that the injured worker had been through physical therapy for the right shoulder and had not improved. The orthopedic surgeon had recommended repeat surgery. Physical exam documented tenderness to palpation over the upper trapezius, AC joint, bicipital groove, subacromial bursa, supraspinatus tendon, and deltoid. Range of motion was documented as flexion 90, abduction 90, adduction 50, extension 50, external rotation 90, and internal rotation 30 degrees. Strength testing documented deltoid, subscapularis, and biceps as 4/5, and supraspinatus, infraspinatus, teres minor as 3/5. There was atrophy noted in the right shoulder girdle. Authorization for surgery was requested per orthopedic surgeon. The 4/1/15 utilization review non-certified the request for right shoulder repeat scope, release of interval/adhesion/capsule, and positive revision rotator cuff repair. The rationale stated that there was no documentation relative to the amount of physical therapy received post-operatively and for adhesive capsulitis, when the injured worker was diagnosed with adhesive capsulitis, or whether the injured worker had functional limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder repeat scope: 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).

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: Diagnostic arthroscopy.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines state that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Guideline criteria have not been

met. This patient presents status post right shoulder arthroscopy with rotator cuff repair and sub-pectoral biceps tenodesis on 5/8/14. He has failed to progress in the post-operative period with imaging evidence of a questionable small residual rotator cuff defect. There is no documentation that conservative treatment has been maximized. Guideline criteria have not been met for surgery for adhesive capsulitis or rotator cuff repair at this time. Therefore, this request is not medically necessary.

Right shoulder release of interval/adhesion/capsule: 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).

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: Surgery for adhesive capsulitis.

Decision rationale: The California MTUS guidelines do not provide surgical recommendations for adhesive capsulitis. The Official Disability Guidelines state that surgery for adhesive capsulitis is under study. The clinical course of this condition is considered self-limiting, and conservative treatment (physical therapy and NSAIDs) is a good long-term treatment regimen for adhesive capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. Guideline criteria have not been met. This patient presents status post right shoulder arthroscopy with rotator cuff repair and sub-pectoral biceps tenodesis on 5/8/14. There was limited physical therapy provided post-operatively. Physical therapy notes documented persistent weakness and pain the limited active range of motion. Right shoulder passive range of motion remained full. There is no evidence of a corticosteroid injection with aggressive physical therapy to address the post-operative residual weakness and active range of motion deficits. Therefore, this request is not medically necessary.

Right shoulder +/- revision rotator cuff repair: 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).

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: Surgery for rotator cuff repair.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment, including steroid injections, for 3 months. The Official Disability Guidelines for rotator cuff repair of partial thickness tears generally require 3 to 6 months of conservative

treatment, plus painful arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, rotator cuff or anterior acromial tenderness, and positive impingement sign with a positive diagnostic injection test. Criteria include imaging evidence of a rotator cuff deficit. This patient presents status post right shoulder arthroscopy with rotator cuff repair and sub-pectoral biceps tenodesis on 5/8/14. Physical exam documented painful range of motion, weak abduction, and rotator cuff tenderness; however there is no documentation of positive impingement signs or evidence of a positive diagnostic injection test. The orthopedic surgeon reported there was a questionable small residual rotator cuff defect but the majority of the repair was intact. There was limited physical therapy documented in the post-operative period. Therefore, this request is not medically necessary.