

Case Number:	CM15-0097183		
Date Assigned:	05/27/2015	Date of Injury:	12/30/2014
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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 26-year-old female, with a reported date of injury of 12/30/2014. The diagnoses include bilateral shoulder tendonitis, left shoulder impingement, and left shoulder labrum tear. Treatments and diagnostics to date have included oral medications; an MRI scan of the left shoulder on 02/03/2015 which showed acromioclavicular joint osteoarthritis, mild supraspinatus tendinopathy, and suggestion of a labral tear; physiotherapy; and injection. The follow-up report dated 04/15/2015 indicates that the injured worker continued to complain of left shoulder pain with decreased range of motion and strength. She was experiencing an increase in pain and wished to proceed with surgical intervention. It was noted that the injured worker was unable to continue in her daily activities with her current condition. The physical examination showed impingement with a positive Hawkins sign in the left shoulder and decreased range of motion; positive Cross arm test; significant tenderness at the anterior Yergason's point and acromioclavicular joint; and decreased left deltoid strength. The treating physician requested left shoulder arthroscopy with subacromial decompression and labral repair; and twelve (12) post-operative physiotherapy sessions. Conservative management has been attempted with associated trial/failure for 6 months. The follow-up report dated 04/22/2015 indicates that the injured worker returned with complaint of significant amount of pain. She returned to work and stated that her pain was worsening.

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 and labral repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, Acromioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Labrum tear surgery, Surgery for SLAP lesions.

Decision rationale: The MRI scan of the left shoulder without enhancement dated 2/3/2015 revealed a type II acromion with acromioclavicular joint osteoarthritis as evidenced by capsular hypertrophy. This places the patient at a higher risk for impingement. In addition, there was evidence of mild supraspinatus tendinopathy. There was irregularity and linear hyperintense signal through the anterior aspect of the glenoid labrum suggestive of a labral tear. The Radiologist suggested MR arthrography for further evaluation. There are 2 issues pertaining to the left shoulder. The first is impingement syndrome. The diagnosis is supported by clinical examination as well as MRI findings. At least one injection of corticosteroid preparation has been given per available records. The impingement test was reported to be positive. The second issue pertains to the possibility of a labral tear as noted in the MRI report. ODG guidelines indicate that non-contrast MRI is sufficient for rotator cuff tears and contrast enhancement is recommended for SLAP tears. If there is concern about the possibility of labral injury then imaging with MR arthrogram should be considered. The surgical indications for impingement syndrome per California MTUS guidelines include failure of conservative treatment such as the recommended 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. This should be carried out for at least 3-6 months before considering surgery. The guidelines also recommend that the diagnosis should be confirmed by a diagnostic lidocaine injection to distinguish pain sources in the shoulder area. With regard to the possibility of a labral tear, an MR arthrogram will be necessary to make a definite diagnosis particularly from the point of view of medical necessity of a surgical procedure. Type I and type III SLAP lesions do not require surgery. Type II and type IV lesions require surgery after 3 months of conservative treatment including NSAIDs and physical therapy. For type IV lesions the guidelines indicate surgery when more than 50% of the tendon is involved with a vertical tear, bucket handle tear of the superior labrum extending into the biceps or intrasubstance tear. A Bankart tear is a tear in the labrum located in the front. It can occur from a shoulder dislocation and makes the shoulder more prone to recurrent dislocations. There is no clinical evidence of the same. The MR was suggestive but not diagnostic with regard to a possible labral tear. As such, an MR arthrogram will be necessary to make a definitive diagnosis. However, in light of the fact that the injury was on December 30, 2014 and more than 6 months of conservative treatment has been carried out, the proposed arthroscopic subacromial decompression is indicated for the impingement syndrome per guidelines. At the time of surgery a more definitive diagnosis with regard to the labral tear can be made and appropriate treatment rendered. As such, the request is medically necessary.

Postoperative physiotherapy, twelve sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: California MTUS postsurgical treatment guidelines recommend 24 visits over 14 weeks for impingement syndrome. The initial course of therapy is one-half of these visits, which is 12. Then with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 12 visits, which is appropriate and medically necessary.