

Case Number:	CM13-0007813		
Date Assigned:	03/24/2014	Date of Injury:	11/07/2011
Decision Date:	11/25/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas and Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old male who reported an injury on 11/07/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of orthopedic after care arthroscopic subacromial decompression and distal clavicle resection, right parascapular and trapezial trigger point, right shoulder adhesive capsulitis, right shoulder full thickness rotator cuff tear, and right shoulder impingement syndrome. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Medications consisted of Norco, Soma, Naprosyn, and Ambien. No diagnostics were submitted for review. On 07/01/2013, the injured worker complained of right shoulder pain. The physical examination noted a mild positive impingement sign, a minimal Neer's test, and a minimal arc test with clicking of the rotator cuff under the subacromial space where the injured worker had the previous repair in his right shoulder. Range of motion to the right shoulder revealed abduction at 140 degrees, flexion at 155 degrees, external rotation at 45 degrees, internal rotation at 70 degrees, extension at 15 degrees, and adduction of 15 degrees. The medical treatment plan was for the injured worker to undergo outpatient arthroscopic subacromial decompression distal clavicle of the right shoulder. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Arthroscopic Subacromial Decompression Distal Clavicle Right Shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://dir.ca.gov/dwc/MTUS/MTUS_RegulationsGuidelines.html<http://www.acoem.org/practiceguidelines/asp><http://www.odg-treatment.com>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210-211.

Decision rationale: The request for outpatient arthroscopic subacromial decompression distal clavicle right shoulder is not medically necessary. The submitted documentation indicated that the injured worker underwent arthroscopic distal clavicle resection arthroplasty, subacromial decompression, and rotator cuff repair on 11/05/2012. The provider failed to submit a rationale for the requested service. Additionally, there was no indication of the injured worker having trialed and failed conservative treatment. It was documented in the report that the injured worker underwent physical therapy; however, that was postoperative therapy for his previous surgery. According to ACOEM, recommendation for surgical consultation, there would need to be an indication of red flags, activity limitations for more than 4 months, a failure to increase range of motion and strength of the musculature around the shoulder, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. There were no MRIs or x-rays submitted for review. Additionally, there was no documentation of red flags. Given the above, the injured worker is not within the MTUS/ACOEM recommendations. As such, the request is not medically necessary.