

Case Number:	CM13-0011380		
Date Assigned:	09/20/2013	Date of Injury:	05/24/2012
Decision Date:	01/29/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New Hampshire, New York, and Washington State. 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 physician 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.

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 patient is 5 foot 6 and 250 pounds. The patient is morbidly obese and injured the right shoulder after falling off a ladder at work on May 29, 2013. The patient briefly hung by the right shoulder and then fell striking her right shoulder on the ground. The patient complains of chronic right shoulder pain. At issue is whether or not right shoulder acromioplasty, Mumford procedure, and possible rotator cuff repair along with preoperative labs is medically necessary at this time. The patient's current medications include Motrin and Omeprazole. The patient had a right cortisone injection with 30% relief for 2 weeks. The patient noted no improvement with home exercise therapy, but the chart review about the physical therapy indicates that it was a home program and documentation of adequate patient participation in home exercise therapy is not present in the medical record at this time. Magnetic resonance imaging of the right shoulder in October 2006 document moderate tendinosis of both the infraspinatus and supraspinatus tendons. There is no full thickness rotator cuff tear present in the laterally downsloping type II acromion is present. Hypertrophy of the acromioclavicular joint was documented. Another MRI of the right shoulder in July 2012 demonstrated moderate to high-grade partial-thickness tear of both the supra-and infraspinatus tendons with no evidence of full-thickness rotator cuff tear. There was mild acromioclavicular joint arthritis. Again a laterally downsloping acromion is defined on the 2012 MRI. X-rays of the shoulder in June 2000 document no identifiable abnormality. At issue is whether or not shoulder surgery in the form of acromioplasty, acromioclavicular (a.c.) resection, and possible rotator cuff repair is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for shoulder arthroscopy, decompression of subacromial space with partial acromioplasty, with coracoacromial ligament release (CPT code: 29826); partial claviclectomy (CPT code: 23120); and reconstruction of chronic complete shoulder (rotator) cuff avulsion (CPT code: 23420): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009, Shoulder Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd, Edition, (2008 Revision) -pgs 560-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: While it is present in the chart that the patient had been instructed in a home exercise program in December 2000, there is no documentation of successful participation in completion of the home exercise program for 3 months continuous or 6 months intermittently. The patient does not need established criteria for shoulder surgery at this time. There are no red flag surgical indications present such as shoulder dislocation or complete cuff tear. The patient must have a documented trial of physical therapy prior to proceeding with surgery. Physical therapy treatment must be corrected at gaining full range of motion, which requires both stretching and strengthening to balance the musculature. Criteria for shoulder surgery or not met at this time. Additionally, complications of shoulder surgery including infection and wound problems are higher in morbidly obese patients and conservative measures including physical therapy must be exhausted prior to proceeding with surgery. The request for shoulder arthroscopy, decompression of subacromial space with partial acromioplasty, with coracoacromial ligament release (CPT code: 29826); partial claviclectomy (CPT code: 23120); and reconstruction of chronic complete shoulder (rotator) cuff avulsion (CPT code: 23420) is not medically necessary and appropriate.

Request for pre-op labs (CBC/Chem Panel): 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.

Request for right shoulder acromioplasty, Mumford Procedure, possible rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009, Shoulder Complaints ACOEM Occupational Medicine Practice Guidelines, 2nd, Edition, (2008 Revision) -pgs 560-

561 and the Official Disability Guidelines, (ODG), Shoulder Chapter (updated 6/12/13),
Indications for surgery-Rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: While it is present in the chart that the patient had been instructed in a home exercise program in December 2000, there is no documentation of successful participation in completion of the home exercise program for 3 months continuous or 6 months intermittently. The patient does not need established criteria for shoulder surgery at this time. There are no red flag indications for surgery present such as fracture, tumor, or complete cuff tear. The patient must have a documented trial of physical therapy prior to proceeding with surgery. Physical therapy treatment must be corrected at gaining full range of motion, which requires both stretching and strengthening to balance the musculature. Criteria for shoulder surgery are not met at this time. Request for right shoulder acromioplasty, Mumford Procedure, possible rotator cuff is not medically necessary and appropriate.