

Case Number:	CM13-0019943		
Date Assigned:	10/11/2013	Date of Injury:	10/11/2006
Decision Date:	01/14/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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 physical medicine and rehabilitation, has a subspecialty in interventional spinal medicine, and is licensed to practice in California. 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 a 60-year-old with injury from 10/11/06, suffers from multiple conditions. List of diagnoses from 8/8/13 report by [REDACTED] has Cervical spondylosis, cervical disc disease, disc protrusion with osteophytes, 3mm disc protrusion with stenosis at c5-6; impingement syndrome, shoulders; AC joint arthrosis; tendinitis/bursitis, shoulders. The patient's prior right shoulder surgery was from 8/24/12. 1/20/13 MRI report of right shoulder showed interstitial partial-thickness tearing of the anterior fibers of the distal supraspinatus tendon, supraspinatus, subscapularis and infraspinatus tendinosis, acromioplasty/subacromial decompression. Utilization review letter from 8/28/13 denied the request for revision shoulder surgery stating that per 8/1/13 report by [REDACTED] who recommended surgery, the patient did not demonstrate significant loss of range of motion. The AME had recommended repeat shoulder surgery only if range of motion was a significant issue, apparently. Report by [REDACTED] 8/8/13 states that the patient has a new orthopedist, exam showed some motor weakness of the deltoid likely due to shoulder surgery, weakness of the iceps as well. This treater has another report from 1/24/13 recommends orthopedic f/u for post-op bilateral shoulder. No relevant information for current requests. There are two progress reports dated 2/21/13 and 6/18/13 without a physician name. Under discussion, the patient is pending right shoulder surgery approval. The patient has complaints of C,T, and L spine pain/myospasms with loss of range of motion. Also right shoulder and right knee pain, 6/10 intensity. 3/26/13 report is by [REDACTED], orthopedist. Right shoulder pain continues. ROM (range of motion) of right shoulder active abduction to 140, passive motion is full, impingment maneuvers produce mild pain. EMG (electromyogram) from 3/14/13 showed bilateral chronic radiculopathies at C5-6, bilateral CTS (carpel tunnel syndrome). [REDACTED] comprehe

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision arthroscopy, sub/decomp, clavicle extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 204-214. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery - Acromioplasty Chapter..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 209-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rotator Cuff Repair Chapter..

Decision rationale: This patient had right shoulder surgery in 2012 and continues to experience shoulder pain. The patient suffers from wide-spread pain involving multiple areas of the body. The current treating orthopedist has requested repeat/revision right shoulder surgery to include clavicle resection. Updated MRI of the right shoulder from 1/20/13 showed interstitial partial-thickness tearing of the distal supraspinatus tendon. Applying ACOEM guidelines as quoted above, the patient must demonstrate a surgical lesion. The patient's MRI does show an interstitial partial tear of rotator cuff considered a surgical lesion. ACOEM also requires lack of progress in strengthening and ROM. Extensive review of the medical records show that the patient has a good range of motion and weakness is mild. One of the reports show that the patient has a full passive range of motion. No atrophy is noted. ODG guidelines provide a more specific recommendation for shoulder rotator cuff surgery. There should be pain from 90 to 130 degrees arc which this patient may have but not well documented. ODG guidelines also require night pain. Although the patient suffers from insomnia, shoulder night pain is not well documented. In addition, ODG guidelines require weak or absent abduction and possibly atrophy. This is not well demonstrated on examination findings. The patient is noted to have right shoulder weakness due to prior surgery and weakness is quite mild estimated at 20%, compared 10% on the left side according one recent report. Significant weakness of the shoulder muscle is not present. No atrophy is noted. None of the reports also mention temporary relief of pain with anesthetic injection which is recommended per ODG guidelines. Given that the patient's current clinical presentation do not meet neither ACOEM and ODG guidelines as described above, recommendation is for denial. The request for revision arthroscopy, sub/decomp, clavicle extension, is not medically necessary or appropriate.

Possible RTC repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 204-214. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery - Acromioplasty Chapter..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Rotator Cuff Repair Chapter..

Decision rationale: This patient had right shoulder surgery in 2012 and continues to experience shoulder pain. The patient suffers from wide-spread pain involving multiple areas of the body. The current treating orthopedist has requested repeat/revision right shoulder surgery to include clavicle resection. Updated MRI of the right shoulder from 1/20/13 showed interstitial partial-thickness tearing of the distal supraspinatus tendon. Applying ACOEM guidelines as quoted above, the patient must demonstrate a surgical lesion. The patient's MRI does show an interstitial partial tear of rotator cuff considered a surgical lesion. ACOEM also requires lack of progress in strengthening and ROM. Extensive review of the medical records show that the patient has a good range of motion and weakness is mild. One of the reports show that the patient has a full passive range of motion. No atrophy is noted. ODG guidelines provide a more specific recommendation for shoulder rotator cuff surgery. There should be pain from 90 to 130 degrees arc which this patient may have but not well documented. ODG guidelines also require night pain. Although the patient suffers from insomnia, shoulder night pain is not well documented. In addition, ODG guidelines require weak or absent abduction and possibly atrophy. This is not well demonstrated on examination findings. The patient is noted to have right shoulder weakness due to prior surgery and weakness is quite mild estimated at 20%, compared 10% on the left side according one recent report. Significant weakness of the shoulder muscle is not present. No atrophy is noted. None of the reports also mention temporary relief of pain with anesthetic injection which is recommended per ODG guidelines. Given that the patient's current clinical presentation do not meet neither ACOEM and ODG guidelines as described above, recommendation is for denial. The request for possible RTC repair is not medically necessary or appropriate.

Non-emergency transport for post-operative follow-up visit: 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 or appropriate.

Water circulating cold pad with pump for purchase: 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 or appropriate.

Post-operative shoulder adduction sling: 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 or appropriate.

Post-operative physical therapy for the right shoulder, twice per week for six weeks:
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 or appropriate.

Norco 10/325, 120 count, with no refills for post-operative pain medication, every 4 to 6 hours: 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 or appropriate.