

Case Number:	CM13-0031738		
Date Assigned:	06/06/2014	Date of Injury:	02/28/2002
Decision Date:	07/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 Surgery 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 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:

This 45-year-old female funder/assistant sustained an industrial injury on 2/28/02, lifting and moving a box. Past medical history was positive for right shoulder arthroscopy, extensive debridement, subacromial decompression, acromioplasty, and capsulorrhaphy on 11/5/03. The patient underwent right shoulder arthroscopy with rotator cuff debridement, Bankart repair, and posterior inferior capsulorrhaphy/capsular placcation using arthroscopic knot-tying procedure on 2/7/10. The 5/3/13 orthopedic AME cited constant grade 7-9/10 neck pain radiating into the shoulders with numbness and tingling in the hands, and grade 9/10 bilateral shoulder pain and burning. There was difficulty with overhead reaching. Right shoulder exam findings documented 145 degrees abduction, 150 degrees flexion, external rotation 45 degrees, internal rotation 60 degrees, and extension/adduction to 20 degrees with pain over the acromioclavicular (AC) joint. There was positive drop, Neer, and arc tests. There was marked pain with resistance of her biceps tendon. The AME documented persistent right shoulder pain with limited range of motion and mild instability. The current treating physicians recommended conservative management. Future medical for the shoulders was recommended to include conservative management with anti-inflammatories, analgesics, selective injections, and general physical therapy and range of motion exercises for flare-ups. The 5/10/13 right shoulder MR arthrogram conclusion indicated the patient was status post labral repair with no interval change. There was normal distention of the joint capsule without redundancy or evidence for capsular thickening or adhesive capsulitis. There was persistent inspissation of contrast into the rotator cuff suggesting partial tearing. Physical therapy was initiated on 8/26/13 for the right shoulder. The 9/3/13 treating physician progress report cited a recent pain flare of neck and trapezius pain, migraine headaches, bilateral shoulder and arm pain. There was burning pain in the right shoulder with numbness and tingling in the hands. She reported dropping things. She had not taken any medications for one month.

Right shoulder exam findings documented no crepitus, limited but functional range of motion, and positive inferior subluxation. The patient was not pleased with her right shoulder condition. Clinically, she had laxity. A right shoulder second opinion surgical consult was requested. The 9/24/13 State Fund letter stated that surgical consultation for the right shoulder was denied as the 5/31/13 AME report recommended future medical limited to conservative care and did not indicate the need for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULTATION FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209.

Decision rationale: The ACOEM Guidelines support referral for surgical consultation for red flag conditions, activity limitation for more than 4 months, failure to progress in range of motion and strength with an exercise program, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical repair. Guideline criteria have not been met. This patient experienced a recent flare-up of her shoulder condition. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no clear clinical evidence consistent with imaging findings of a surgical lesion. Therefore, this request for surgical consultation for the right shoulder is not medically necessary.