

Case Number:	CM13-0034829		
Date Assigned:	12/11/2013	Date of Injury:	12/12/2006
Decision Date:	10/30/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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 61-year-old female sustained an industrial injury on 12/12/06. The mechanism of injury was not documented. Past surgical history was positive for cervical fusion, knee arthroscopy, and carpal tunnel release. The 8/12/14 orthopedic report cited patient desire to proceed with right shoulder surgery that had been recommended in 2009. A report had been requested by the patient's attorney. The 5/1/13 AME report was reviewed. The 5/9/09 right shoulder MRI findings showed mild osteoarthritis of the acromioclavicular joint, and a very small partial thickness supraspinatus tear with bursitis. The patient had been diagnosed with right shoulder subacromial impingement, plantar fasciitis, knee derangement, and deQuervain's disease. Authorization was requested for right shoulder arthroscopy and decompression. The 9/12/13 utilization review denied the request for right shoulder surgery based on an absence of history and physical exam documentation, conservative treatment failure, and MRI findings to support the medical necessity of the surgical request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT SHOULDER ARTHROSCOPY WITH DECOMPRESSION, POSSIBLE EXCISION OF ACROMIOCLAVICULAR JOINT, ROTATOR CUFF REPAIR AS AN OUTPATIENT; ASISTANT SURGEON: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. There is no current documentation of subjective or objective clinical exam findings consistent with imaging to support the diagnosis of shoulder impingement. There is no evidence of a positive clinical impingement sign with a positive diagnostic injection test. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.