

Case Number:	CM13-0042308		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2013
Decision Date:	07/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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 Texas. 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 48 year old male who reported an injury on 03/20/2013 after unloading poles. The injured worker reportedly sustained an injury to his right shoulder. The injured worker's treatment history included activity modifications, physical therapy, and a steroid injection to the right shoulder. The injured worker underwent an MRI of the right shoulder dated 07/12/2013 that documented there was moderate acromioclavicular joint osteoarthritis with calcific tendonitis of the supraspinatus tendon and moderate osteoporosis causing depression on the supraspinatus myotendinous junction. The injured worker was evaluated on 09/05/2013. It was documented that the injured worker had physical exam findings of the right shoulder to include tenderness to palpation of the anterolateral subacromial and lateral deltoid, a positive impingement sign, positive supraspinatus sign, and 5/5 motor strength. The injured worker's range of motion of the right shoulder was described as flexion at 100 degrees, 105 degrees in abduction, 15 degrees in extension, external rotation at 60 degrees, and internal rotation at 40 degrees, with adduction at 15 degrees. The injured worker's diagnoses included right low back strain with bilateral L5 radiculitis, right cervical strain, right shoulder sprain/strain with calcific tendonitis and moderate degenerative joint disease of the acromioclavicular joint, and insomnia related to chronic pain. The injured worker's treatment plan included arthroscopy of the right shoulder with subacromial decompression, extensive debridement, and Mumford procedure and injection, pain management, a lumbar epidural steroid injection, and a corticosteroid injection of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right shoulder arthroscopy with subacromial decompression, extensive debridement and Mumford procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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

Decision rationale: The ACOEM Guidelines recommends surgical intervention for the shoulder when there are physical examination findings consistent with an imaging study of a lesion that would benefit from both short and long-term surgical intervention that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker underwent a corticosteroid injection on 09/05/2013. The outcome of that injection would need to be determined prior to deciding the appropriateness of surgical intervention. Additionally, although it is noted within the documentation that the injured worker has previously participated in physical therapy, there is no documentation that the injured worker has participated in any type of therapy specifically directed toward the right shoulder. The injured worker has multiple injuries and this would need to be specifically outlined within the documentation. Therefore, there is no way to determine if the injured worker has exhausted all conservative treatments prior to consideration of surgical intervention. As such, the request is not medically necessary and appropriate.

An assistant surgeon: 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.

Postoperative physical therapy (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

A lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.