

Case Number:	CM13-0046470		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2010
Decision Date:	03/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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. 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 patient is a 54-year-old female who reported an injury on 11/29/2010 due to cumulative trauma. The patient's treatment history included a right carpal tunnel release, physical therapy, medications and steroid injections. The patient underwent an MR arthrogram in 09/2012 that revealed evidence of a partial thickness supraspinatus tear. The patient's physical findings included restricted range of motion, significant shoulder pain, tenderness to palpation over the greater tuberosity of the humerus and a positive impingement test. The patient's diagnoses included a right shoulder rotator cuff sprain/strain, impingement syndrome and a rotator cuff tear. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right shoulder arthroscopic subacromial decompression: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

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

Decision rationale: The requested outpatient right shoulder arthroscopic subacromial decompression is medically necessary or appropriate. The American College of Occupational and Environmental Medicine does recommend surgical intervention for patients with impingement syndrome who have clinical signs of impairment corroborated by an imaging study that are nonresponsive to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has significantly limited range of motion with a positive impingement syndrome and an imaging study that provides evidence of a partial rotator cuff tear. The patient has failed to respond to conservative treatments, to include medications, physical therapy and injection therapy. As patient does have signs and symptoms of impingement upon physical examination that are corroborated by an imaging study, and the patient has been recalcitrant to conservative therapy, surgical intervention would be appropriate for this patient. As such, the requested outpatient right shoulder arthroscopic subacromial decompression medically necessary or appropriate.

Preoperative medical clearance by internist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back Chapter, Preoperative Testing, General.

Decision rationale: The requested preoperative medical clearance by an internal medicine physician is not medically necessary or appropriate. The Official Disability Guidelines do not recommend routine preoperative testing unless the patient has complicating diagnoses or risk factors that would cause intraoperative or postoperative complications that would require preoperative treatment planning. The clinical documentation submitted for review does not provide any evidence that the patient has any risk factors for intraoperative or postoperative complications. Additionally, this surgery is considered a low-risk ambulatory surgery. Therefore, the need for extensive preoperative testing is not supported. As such, the requested medical clearance by internal medicine physician is not medically necessary or appropriate.