

Case Number:	CM13-0049108		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2013
Decision Date:	03/06/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/07/2013

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 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. 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:

According to the records made available for review, this is a 42-year-old male with a 4/5/13 date of injury. At the time of request for authorization for left shoulder arthroscopic subacromial decompression, distal clavicle resection and manipulation under anesthesia; Pre-op medical clearance; Post-op physical therapy two times a week for four weeks=12 sessions; durable medical equipment rental: Surgi-Stim rental times 90 days, cool care cold therapy unit, and continuous passive motion machine rental times 45 days. There is documentation of subjective findings (shoulder pain rated at a level of 5 to 9 out of 10) and objective findings (decreased range of motion with abduction of 125 degrees, severe supraspinatus tenderness, moderate greater tuberosity tenderness, mild biceps tendon tenderness, moderate acromioclavicular joint tenderness, positive subacromial crepitus, 4/5 muscle strength, painful movement, and positive acromioclavicular joint compression test and impingement tests), current diagnoses (ultrasound confirmed partial thickness supraspinatus tendon tear and subacromial impingement syndrome with marked adhesive capsulitis and impingement syndrome, status post left shoulder sprain/strain 4/5/13), and treatment to date (physical therapy, home exercise program, acupuncture, activity modification, cortisone injection, and medications). The 9/13/13 medical report identified that a bilateral shoulder ultrasound (4/25/13) revealed subacromial impingement of the left shoulder, acromioclavicular degenerative joint disease, and partial thickness supraspinatus undersurface tear, 25% partial thickness tear; report not available for review. There is no documentation of an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

left shoulder arthroscopic subacromial, distal clavicle resection and manipulation under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209-211. Decision based on Non-MTUS Citation ODG, Shoulder chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Subacromial decompression and manipulation under anesthesia.

Decision rationale: The MTUS/ACOEM Guidelines identify failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections as criteria necessary to support the medical necessity of subacromial decompression. The Official Disability Guidelines identify documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, ap, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of subjective findings (pain with active arc motion), objective findings (weak abduction, tenderness over rotator cuff, positive impingement sign, and temporary relief of pain with anesthetic injection [diagnostic injection test]), and failure of 3-6 months of conservative treatment (including cortisone injections). However, despite the 9/13/13 medical report's notation of bilateral shoulder ultrasound findings (subacromial impingement of the left shoulder, acromioclavicular degenerative joint disease, and partial thickness supraspinatus undersurface tear), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for left shoulder arthroscopic subacromial, distal clavicle resection and manipulation under anesthesia is not medically necessary.

Pre-op medical clearance: 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.

Twelve (12) sessions of post-op physical therapy two times a week for four 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.

Durable medical equipment rental: Surgi-Stim rental times 90 days, cool care cold therapy unit, and continuous passive motion (CPM) rental times 45 days: 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.