

Case Number:	CM13-0051232		
Date Assigned:	06/09/2014	Date of Injury:	04/28/2011
Decision Date:	07/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/04/2013

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 Surgeon and Hand Surgeon 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 43-year-old female who reported an injury on 04/28/2011. The mechanism of injury involved repetitive work activity. The current diagnosis is right shoulder impingement with rotator cuff tear. The injured worker was evaluated on 08/05/2013 with complaints of right shoulder and right wrist pain. Previous conservative treatment includes physical therapy and acupuncture. Physical examination of the right shoulder revealed slight tenderness of the acromioclavicular joint, weakness and crepitus, positive Hawkins and Neer's testing, limited range of motion, mildly positive apprehension maneuver, and weakness on internal rotation and abduction of the shoulder. Treatment recommendations at that time included an arthroscopic subacromial decompression and rotator cuff repair. It is also noted the injured worker underwent an MRI of the right shoulder on 06/16/2012, which indicated a separation of the AC joint with capsular thickening impinging on the supraspinatus muscle tendon, tear of the central portion of the supraspinatus tendon, and a horizontal tear of the superior glenoid labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION (SAD): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker has been previously treated with physical therapy and acupuncture. Physical examination does reveal tenderness to palpation, weakness, crepitus, limited range of motion, and positive Neer and Hawkin's signs. The injured worker's MRI of the right shoulder does indicate a tear of the central portion of the supraspinatus tendon with fluid in the subacromial-subdeltoid bursa, indicating a full thickness tear, separation of the AC joint with impingement on the supraspinatus muscle tendon, and a horizontal tear of the superior glenoid labrum. Therefore based on the clinical information received and the California MTUS Guidelines, the request for outpatient right shoulder arthroscopy, subacromial decompression (SAD) is medically necessary and appropriate.