

Case Number:	CM13-0064164		
Date Assigned:	01/03/2014	Date of Injury:	08/22/2008
Decision Date:	04/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/11/2013

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 Sports Medicine, 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:

The patient is a 48-year-old female who reported an injury on 8/28/13. The patient was injured while assisting a client in bed. The patient is diagnosed with right shoulder pain, right shoulder impingement, right shoulder AC joint arthrosis, and right shoulder partial thickness rotator cuff tear. The patient was seen by [REDACTED] on 9/4/13. The patient reported moderate to severe pain in the right shoulder. Physical examination revealed tenderness to palpation, 170 degree flexion, 165 degrees abduction, 80 degree external rotation, 75 degree internal rotation, positive Speed's and impingement testing, and intact sensation. Treatment recommendations included a right shoulder arthroscopy with subacromial decompression, debridement versus repair of the rotator cuff, and possible distal clavicle resection and biceps tenotomy. The patient underwent a previous MRI of the right shoulder on 6/21/13, which indicated acromioclavicular osteoarthritis, supraspinatus tendonitis, and infraspinatus tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION, DEBRIDEMENT VS. REPAIR OF ROTATOR CUFF: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines state that referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than four months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the patient's MRI of the right shoulder only revealed acromioclavicular osteoarthritis and supraspinatus/infraspinatus tendonitis. There was no evidence of a rotator cuff tear. There is also no evidence of an exhaustion of conservative treatment. While it was noted that the patient had a bad reaction to a steroid injection into the elbow, there is no indication that the patient has received an injection in the shoulder. There is also no evidence of a previous course of physical therapy. The patient does not demonstrate painful active arc motion from 90 degrees to 130 degrees or weak and absent abduction. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

POSSIBLE BICEPS TENOTOMY: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines state that referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than four months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the patient's MRI of the right shoulder only revealed acromioclavicular osteoarthritis and supraspinatus/infraspinatus tendonitis. There was no evidence of a rotator cuff tear. There is also no evidence of an exhaustion of conservative treatment. While it was noted that the patient had a bad reaction to a steroid injection into the elbow, there is no indication that the patient has received an injection in the shoulder. There is also no evidence of a previous course of physical therapy. The patient does not demonstrate painful active arc motion from 90 degrees to 130 degrees or weak and absent abduction. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.

POSSIBLE DISTAL CLAVICLE RESECTION: Upheld

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

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

Decision rationale: The California MTUS/ACOEM guidelines state that referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than four months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the patient's MRI of the right shoulder only revealed acromioclavicular osteoarthritis and supraspinatus/infraspinatus tendonitis. There was no evidence of a rotator cuff tear. There is also no evidence of an exhaustion of conservative treatment. While it was noted that the patient had a bad reaction to a steroid injection into the elbow, there is no indication that the patient has received an injection in the shoulder. There is also no evidence of a previous course of physical therapy. The patient does not demonstrate painful active arc motion from 90 degrees to 130 degrees or weak and absent abduction. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.