

Case Number:	CM13-0065309		
Date Assigned:	01/03/2014	Date of Injury:	08/20/2009
Decision Date:	04/10/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in Hand 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 58 year old female who reported an injury on 08/20/2009. The mechanism of injury involved a fall. The patient is currently diagnosed with shoulder impingement syndrome, rotator cuff sprain, superior glenoid labrum lesion, and degenerative joint disease of the shoulder. A request for authorization was submitted on 11/01/2013 for a right shoulder decompression, debridement, possible distal clavicle excision, possible labral repair, and possible rotator cuff repair with postoperative physical therapy and postoperative medications. However, there was no Physician's Progress Report submitted on the requesting date of 11/01/2013. There is no documentation of a physical examination conducted. The patient has completed an MRI of the right shoulder on 07/15/2013, which indicated mild focal arthritic or inflammatory changes of the right acromioclavicular joint with a small focal, partial-thickness tendon tear of the far distal right supraspinatus tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic decompression, right shoulder per 11/1/13 form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2008, pages 561-563.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 after exercise programs, and clear clinical and imaging evidence of a lesion. There was no documentation of a physical examination on the requesting date of 11/01/2013. While the patient's MRI does reveal a small partial thickness tear of the supraspinatus tendon, it is unknown whether the patient has completed any conservative treatment prior to the request for a surgical intervention. Without further documentation, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Arthroscopic debridement, right shoulder, per 11/1/13 form: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 after exercise programs, and clear clinical and imaging evidence of a lesion. There was no documentation of a physical examination on the requesting date of 11/01/2013. While the patient's MRI does reveal a small partial thickness tear of the supraspinatus tendon, it is unknown whether the patient has completed any conservative treatment prior to the request for a surgical intervention. Without further documentation, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Arthroscopic distal claviclectomy (Mumford procedure), right shoulder per 11/1/13 form:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.aaos.org/about/papers/position/1120.asp>

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 after exercise programs, and clear clinical and imaging evidence of a lesion. There was no documentation of a physical examination on the requesting date of 11/01/2013. While the patient's MRI does reveal a small

partial thickness tear of the supraspinatus tendon, it is unknown whether the patient has completed any conservative treatment prior to the request for a surgical intervention. Without further documentation, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Arthroscopic capsulorrhaphy, right shoulder, per 11/1/13 form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 after exercise programs, and clear clinical and imaging evidence of a lesion. There was no documentation of a physical examination on the requesting date of 11/01/2013. While the patient's MRI does reveal a small partial thickness tear of the supraspinatus tendon, it is unknown whether the patient has completed any conservative treatment prior to the request for a surgical intervention. Without further documentation, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Arthroscopic rotator cuff repair, right shoulder, per 11/1/13 form: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 after exercise programs, and clear clinical and imaging evidence of a lesion. There was no documentation of a physical examination on the requesting date of 11/01/2013. While the patient's MRI does reveal a small partial thickness tear of the supraspinatus tendon, it is unknown whether the patient has completed any conservative treatment prior to the request for a surgical intervention. Without further documentation, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Assistant surgeon, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 after exercise programs, and clear clinical and imaging evidence of a lesion. There was no documentation of a physical examination on the requesting date of 11/01/2013. While the patient's MRI does reveal a small partial thickness tear of the supraspinatus tendon, it is unknown whether the patient has completed any conservative treatment prior to the request for a surgical intervention. Without further documentation, the current request cannot be determined as medically appropriate. As such, the request is non-certified.