

Case Number:	CM13-0068020		
Date Assigned:	01/03/2014	Date of Injury:	01/19/2012
Decision Date:	07/02/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational 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 54-year-old female who has submitted a claim for right shoulder impingement syndrome with rotator cuff tear, lumbar disc disease, hypertension, and asthma associated with an industrial injury date of January 19, 2012. Medical records from 2012 to 2013 were reviewed. The patient had complaints of worsening right shoulder pain. Range of motion of the right shoulder was restricted from 0 to 175 degrees towards forward flexion, 0 to 40 degrees towards external rotation, and internal rotation was to T12 level. Hawkin's sign was positive for impingement. Weakness of the right shoulder abductor was noted. Treatment to date has included right shoulder cortisone injection, physical therapy, and medications such as naproxen, Tylenol, Flexeril, Vicodin, omeprazole, and Dendracin cream. Utilization review from December 5, 2013 denied the requests for right shoulder rotator cuff repair, synovectomy, diagnostic arthroscopy with possibly synovial biopsy, surgical debridement, and coracoacromial ligament release because there was no comprehensive conservative treatment protocol submitted. Subsequently, the request for physical therapy to right shoulder was likewise denied because the surgical procedure had been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK X 4 WEEKS TO RIGHT SHOULDER:

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: The requested primary procedure is not medically necessary; therefore, the dependent request is likewise not medically necessary.

ARTHROSCOPY RIGHT SHOULDER ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: Both the California MTUS and the Official Disability Guidelines support surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; and (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. In this case, patient complained of worsening right shoulder pain substantiated by weakness, restricted range of motion and positive Hawk's sign. Progress reports indicate that the patient underwent six months of conservative treatment, without significant improvement. Diagnostic impression was a right shoulder impingement syndrome with rotator cuff tear. However, medical records submitted for review failed to include MRI results that may corroborate patient's manifestations. It is unclear what the underlying pathology is. Therefore, the request is not medically necessary.

ARTHROSCOPY RIGHT SHOULDER SURGICAL SYNOVECTOMY COMPLETE:
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: The requested primary procedure is not medically necessary; therefore, the dependent request is likewise not medically necessary.

ARTHROSCOPY RIGHT SHOULDER DX W/WO SYNOVIAL BIOPSY: 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: The requested primary procedure is not medically necessary; therefore, the dependent request is likewise not medically necessary.

ARTHROSCOPY RIGHT SHOULDER SUGICAL DEBRIDEMENT EXTENSIVE:
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: The requested primary procedure is not medically necessary; therefore, the dependent request is likewise not medically necessary.

**ARTHROSCOPY RIGHT SHOULDER WITH CORACOACROMIAL LIGAMENT
RELEASE:** 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: The requested primary procedure is not medically necessary; therefore, the dependent request is likewise not medically necessary.