MAXIMUS Federal Services

Case Number:	CM13-0071483		
Date Assigned:	03/28/2014	Date of Injury:	10/02/2009
Decision Date:	11/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 45 year old male who was injured on 10/02/2009 when he was struck by a door on the right shoulder. Prior treatment history has included Norco, Norflex, Tizanidine and Diclofenac. MRI of the right shoulder dated 12/15/2011 revealed AC joint mild degenerative changes. There is a tear of the posterosuperior labrum, perhaps with a small paralabral cyst, right shoulder at the 10-11o'clock position; and tendinosis of the intra-articular portion of the long head of the biceps. MRI of the cervical spine dated 12/15/2011 revealed posterior disc bulges of 3 mm at L4-L5, 3 to 4 mm at the narrowed C5-C6 level, and 3 mm at T2-3 with central canal narrowing that is mild at both C4-5 and T2-3 and moderate at C5-6. Progress report dated 10/21/2014 documented the patient to have complaints of right wrist pain with clicking, locking, stiffness, and tenderness but no shoulder complaints. On exam, there was no significant findings documented pertaining to the right shoulder. The cervical spine revealed flexion at 30; extension at 20; right lateral bending at 15; left lateral bending at 25; right rotation at 30; and left rotation at 45. Spurling's sign was positive for neck pain radiating to the levator scapulae and trapezius muscles. The patient is diagnosed with right shoulder impingement syndrome with lateral downsloping of acromion and small subacromial spur with posterosuperior labral tear with small paralabral cyst at 10 to 11 o'clock position and mild degenerative joint disease of the AC joint-right shoulder; tendinosis intra-articular long head of biceps tendon with tenosynovitis, right shoulder. The patient was recommended for an arthroscopy of the right shoulder and has been recommended for pain management consultation for neck and low back. Prior utilization review dated 11/27/2013 states the request for right shoulder arthroscopy with sequential compression device (SCD), extensive debridement possible posterior labral tear, Mumford procedure and injection of Marcaine 0.25% plain and consult is denied as there is a lack of documented

evidence. Referral to pain management for the neck and low back is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Sequential Compression Device (SCD), Extensive Debridement Possible Posterior Labral Tear, Mumford Procedure and Injection of Marcaine 0.25% Plain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204, 209, 211, 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for Impingement Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Arthroscopy Page(s): 209-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery impingement syndrome

Decision rationale: According to the Official Disability Guidelines the acromioplasty for acromial impingement syndrome as indicated below, after at least 3-6 months of conservative care; not recommended in conjunction with full-thickness rotator cuff repair. Surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. In this case the medical records do not establish subjective complaints of objective functional deficits in the right shoulder which would render the patient a surgical candidate. Therefore the necessity for right shoulder arthroscopy with sequential compression device (SCD), extensive debridement possible posterior labral tear, Mumford procedure and injection of Marcaine 0.25% plain has not been established based on guidelines and lack of documentation.

Consult: Referral To Pain Management for the Neck and Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 7 Independent Medical Examinations And Consultations pages 503-524

Decision rationale: According to the ACOEM guidelines; the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or

work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Independent Medical Examination (IME): To provide medico legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The medical records do not establish clinical finding on examination which would render the patient a candidate for interventional pain management procedures for the cervical or lumbar spine. In fact an examination of the lumbar spine was not performed. Therefore, the medical necessity for consult: referral to pain management for the neck and low back has not been established based on guidelines and lack of documentation.