

Case Number:	CM14-0003838		
Date Assigned:	02/03/2014	Date of Injury:	09/29/2012
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation 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 49 year old male who reported an injury on 09/29/2013. The mechanism of injury was the injured worker was struck head on at 50 mph. The injured worker underwent an MRI of the right shoulder on 03/06/2013 which revealed the supraspinatus and infraspinatus tendinosis with low grade articular surface partial thickness tear of the infraspinatus. There was subtle adjacent cyst formation within the humeral head. There was a component of underlying tendinosis which the physician opined may be considered secondarily. There were minimal degenerative changes affecting the glenohumeral and acromioclavicular joints. The AC joint had hypertrophy that was identified as abutting the cuff with scant adjacent bursal fluid noted. The coracoclavicular ligament was intact. The documentation of 11/26/2013 revealed the injured worker had right shoulder pain with limited range of motion. The physical examination of the right shoulder revealed limited range of motion with markedly positive impingement signs. The diagnoses included right shoulder chronic impingement with rotator cuff and impending adhesive capsulitis. The recommendation was for a Depo-Medrol and Marcaine injection into the shoulder and authorization for right shoulder arthroscopic subacromial decompression, as well as Protonix 20 mg #90, and Anaprox 550 mg #90, Tramadol 150 mg #30, and Flexeril 7.5 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION: 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): 210-211.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, ACOEM Guidelines indicate that this procedure is not supported for injured workers who have mild symptoms or those who have no activity limitations. There should be documentation of the conservative care, including cortisone injections that should be carried out for 3 to 6 months before considering surgery. The clinical documentation submitted for review indicated the injured worker had positive impingement signs. However, the MRI failed to indicate the injured worker had impingement. The clinical documentation indicated the injured worker was to undergo corticosteroid injection on the date of 11/26/2013. The documentation of 01/07/2014 indicated the injured worker had some temporary relief from the subacromial corticosteroid injection. However, there was a lack of documentation indicating the duration of conservative care, the type of conservative care, and the injured worker's response to the conservative care, other than the injection that was provided. There was a lack of documentation indicating the injured worker had activity limitations. Given the above, the request for a right shoulder arthroscopic subacromial decompression is not medically necessary and appropriate.