

Case Number:	CM14-0005643		
Date Assigned:	02/07/2014	Date of Injury:	06/11/2011
Decision Date:	07/21/2014	UR Denial Date:	12/22/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 53-year-old female who has submitted a claim for Impingement, Right Shoulder, associated with an industrial injury date of June 11, 2011. The medical records from 2012 through 2014 were reviewed, which showed that the patient complained of pain upon raising her scapula, which aggravated her cervical radiculitis. On physical examination, impingement test was positive. There was weakness of the rotator cuff muscles and there was tenderness over the biceps. Forward elevation and abduction was within normal limits. Treatment to date has included medications, physical therapy, and trigger point injections. The treating provider has requested surgery diagnostic and operative arthroscopic acromioplasty resection of coracoacromial ligament and bursa possible distal clavicle resection with debridement and/or repair, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY DIAGNOSTIC AND OPERATIVE ARTHROSCOPIC ACROMIOPLASTY RESECTION OF CORACOACROMIAL LIGAMENT AND BURSA POSSIBLE DISTAL CLAVICLE RESECTION WITH DEBRIDEMENT AND/OR REPAIR, RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery For Impingement Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery For Impingement Syndrome.

Decision rationale: The CA MTUS does not specifically address arthroscopic decompression (acromioplasty). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that acromioplasty for impingement syndrome may be considered medically necessary when all of the following criteria are met: (1) conservative care for 3 to 6 months; (2) subjective findings of pain with active arc motion and pain at night; (3) objective findings of weak abduction, tenderness over the rotator cuff, and positive impingement sign; and (4) imaging findings showing positive evidence of impingement. In this case, the medical records stated that the patient failed conservative care including injections. However, there were no findings of pain at night or pain with active arc motion. Furthermore, there were no current imaging findings that showed positive evidence of impingement. AME did not indicate need for surgery in future medical. There is no evidence that the patient had a diagnostic injection of subacromial space with relief, even for a short period. With the cervical radiculopathy and the DJD, I do not see documentation to warrant surgery. Medical necessity for the requested procedure has not been established. The requested procedure is not medically necessary.