

Case Number:	CM14-0008077		
Date Assigned:	02/12/2014	Date of Injury:	05/30/2012
Decision Date:	08/07/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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:

Patient is a 57-year-old who has submitted a claim for healed frontal scalp laceration, right shoulder rotator cuff tear with AC joint degenerative joint disease, status post right ulnar nerve release with findings of medial epicondylitis, status post right carpal tunnel release, and status post right hand complex laceration, status post surgical repair with residual atrophy of right hand musculature associated with an industrial injury date of May 30, 2012. Medical records from 2012 to 2014 were reviewed. Patient complained of persistent right shoulder pain. Physical examination showed motor strength of right shoulder muscles graded 5-/5. Range of motion was measured at 150 degrees flexion, 110 degrees abduction, 70 degrees internal / external rotation, and 30 degrees of both adduction and extension. Impingement test was positive. X-ray of the right shoulder, dated September 27, 2013, showed moderate right acromioclavicular joint degenerative changes. MRI of the right shoulder, dated May 28, 2013, showed prominent degenerative changes of the right AC joint with narrowing of the acromiohumeral joint space, possibly contributing to impingement for which clinical correlation was recommended. There was small partial thickness tear of the far distal right supraspinatus tendon without evident retraction and mild tendinosis of the remainder of the supraspinatus tendon with focal subcentimeter bony reactive adjacent cystic change in the lateral margin of the right humeral head. Treatment to date has included home exercise program, cortisone injection, twelve weeks of physical therapy, and medications. Utilization review from December 23, 2013 denied the request for right shoulder decompression, debridement, distal clavicle excision, and possible rotator cuff repair because the MRI did not show evidence of a full thickness rotator cuff tear. The surgery had been non-certified; thus, all of the dependent services: supply for narcotic medicines post operative, vitamin C post operative, 30 day supply for anti-inflammatory post operative, limited supply of antibiotics post operative, antiemetic medicines post operative, stool

softener post operative, assistant surgeon, twelve visits of physical therapy, and pre-operative visit were likewise denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder decompression, debridement, distal clavicle excision, and possible rotator cuff repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209 - 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Surgery for Impingement Syndrome, Partial Claviclectomy (Mumford procedure), and Surgery for Rotator Cuff Repair.

Decision rationale: The Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice 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; (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. ODG states that criterion for partial claviclectomy should include severe degenerative joint disease of AC joint. In addition, ODG likewise states that criterion for rotator cuff repair surgery should include a diagnosis of full-thickness rotator cuff tear in imaging studies. In this case, patient complained of persistent right shoulder pain despite conservative care involving cortisone injection, twelve weeks of physical therapy, and medications. On physical examination, motor strength of right shoulder muscles was graded 5-/5. Range of motion was restricted. Impingement test was positive. However, x-ray from September 27, 2013 only showed moderate right acromioclavicular joint degenerative changes. Guideline criterion of severe DJD (degenerative joint disease) for partial claviclectomy was not met. Moreover, MRI from May 28, 2013 showed partial thickness tear of the far distal right supraspinatus tendon without evident retraction. Guideline criterion of full-thickness tear for rotator cuff repair was not met. Based on the aforementioned reasons, the medical necessity for right shoulder surgery was not established. Therefore, the request for right shoulder decompression, debridement, distal clavicle excision, and possible rotator cuff repair is not medically necessary or appropriate.

Limited supply for narcotic medicines, post-operative: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vitamin C post-operative: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A thirty day supply for anti-inflammatory, post-operative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 47.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary medically necessary.

Limited supply of antibiotics, post-operative: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Antiemetic medicines post-operative: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Stool softener post-operative: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

An assistant surgeon: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Twelve visits of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A pre-operative visit: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.