

Case Number:	CM14-0100717		
Date Assigned:	07/30/2014	Date of Injury:	06/14/2013
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 Orthopaedic 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:

This 54-year-old male sustained an industrial injury on 6/14/13. Injury occurred when he was lifting a desk and fell. The patient was status post right shoulder subacromial decompression and acromioclavicular (AC) joint excision in 2009. Records indicated the patient had persistent right shoulder pain with overhead lifting. X-rays of the right shoulder showed a type I acromion, calcium deposits, good AC joint excision, and good subacromial decompression. The 10/30/13 right shoulder MR arthrogram impression documented findings consistent with calcific tendonitis with slightly increased calcium deposit within the distal supraspinatus tendon. There were post-operative changes of the acromion consistent with interval chondroplasty. The supraspinatus outlet appeared adequate. There was subacromial fluid consistent with physiologic fluid versus subacromial bursitis. The 12/16/13 treating physician report documented right shoulder exam with 120 degrees flexion, 100 degrees abduction, internal rotation to L4 and 60 degrees external rotation. There was mildly positive Neer's test and positive Hawkin's test. Supraspinatus and external rotation strength were 4+/5. The patient underwent left shoulder subacromial decompression and AC joint excision in January 2014. The 5/21/14 treating physician report cited continued right shoulder pain. The patient had undergone left shoulder surgery and would like to have right shoulder surgery. No clinical exam findings relative to the right shoulder were documented. The 6/6/14 utilization review denied the request for right shoulder surgery as conservative treatment had not been exhausted and there was no evidence of significant surgical pathology. The 6/18/14 treating physician chart note indicated that right shoulder surgery had been denied. Right shoulder exam documented tenderness over the subacromial bursa and mildly positive Neer's, Hawkin's and supraspinatus tests. Range of motion testing demonstrated flexion 110 (active) and 160 (passive) degrees and abduction 110 (active) and 150 (passive) degrees. Shoulder strength was 4+/5 in abduction, supraspinatus, and external

rotation. There was nothing to offer the patient for the right shoulder except surgery for the calcific deposit to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Scope with Debridement, acromioclavicular (AC) Joint Excision, Subacromial Decompression, possible Rotator Cuff Repair, possible superior labral tear from anterior to posterior (SLAP) Repair, Biceps Tenodesis or Tenotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed to the right shoulder had been tried and failed. The patient has previously undergone subacromial decompression and acromioclavicular joint excision. There is calcific tendonitis documented with limited evidence of attempted conservative treatment. Therefore, this request for right shoulder scope with debridement, AC joint excision, subacromial decompression, possible rotator cuff repair, possible SLAP repair, biceps tenodesis or tenotomy is not medically necessary.

12 post-operative physical therapy (PT) for the right shoulder 3 times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Purchase of cold therapy unit with pad: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous flow cryotherapy.

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

Smart sling for the right shoulder: 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): 205, 213.

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