

Case Number:	CM14-0109458		
Date Assigned:	08/01/2014	Date of Injury:	01/16/2013
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 claimant is a 61-year-old male school bus driver who sustained a vocational injury on January 16, 2013 when he lost his balance and attempted to catch himself with his right arm. The medical records document a past surgical history of right shoulder Mumford procedure in March of 2012 and a right shoulder arthroscopy with subacromial decompression and open biceps tenodesis on June 25, 2013. The claimant's current working diagnosis is right shoulder pain. The office note dated June 16, 2014 noted pain located anteriorly, night pain, and that he was not attending physical therapy. The claimant was seen for a second opinion which did not appreciate any significant pathology on exam or MRI and recommended diagnostic arthroscopy. On exam swelling was noted. There was mild pain noted with palpation over the anterolateral aspect of the shoulder. On exam, there was 150 degrees of forward flexion, 150 degrees of abduction, 60 degrees of external rotation, internal rotation to the sacroiliac joint with no pain. Crepitus was present with shoulder range of motion. There was tenderness over the coracoid bone. Supraspinatus strength was noted to be 4+/5 with moderate pain, infraspinatus strength was noted to be 4+/5 with mild pain, subscapularis was noted to be 4+/5 with no pain. The claimant was noted to have positive impingement signs and positive Speed's test. There was no instability appreciated. X-rays of the shoulder demonstrated evidence of a tunnel in the proximal consistent with biceps tenodesis with evidence of a clavicle excision. An MRA was performed on January 27, 2014 which showed artifact seen in the tendon at the junction between the supraspinatus and infraspinatus distal attachments. There was also a localized tiny full thickness defect in the tendon at that level. There was no retracted full thickness defect seen. Contrast also tracked along the musculotendinous margin of the infraspinatus which may represent a small intrasubstance tear that is dissecting back towards the musculotendinous junction. There is no full thickness retracted tear at the level. The visualized margin of the biceps tendon was very thin

in caliber and overall limited evaluation. Postsurgical changes were seen at the acromioclavicular joint. There were mild degenerative changes at the inferior glenohumeral joint capsule and labral margin. Conservative treatment to date has included a cortisone injection of the acromioclavicular joint which failed to provide any significant long lasting relief. Documentation suggests the claimant attended formal physical therapy following the two previous surgeries and that the claimant is utilizing antiinflammatories. This request is for an arthroscopy of the right shoulder with extensive debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, shoulder; surgical; debridement extensive QTY: 1.00: Upheld

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

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

Decision rationale: California ACOEM Guidelines do not support the request for arthroscopy of the shoulder; surgical; debridement extensive. The medical records do not confirm that the claimant has attempted, failed, or exhausted all forms of conservative treatment prior to recommending and proceeding with diagnostic arthroscopy and extensive debridement. According to ACOEM Guidelines, claimants should fail formal physical therapy as well as a home exercise program along with subacromial injections prior to the recommended procedure. The documentation also fails to establish if the claimant has significant functional and vocational limitations which would further necessitate surgical intervention. Therefore, based on documentation presented for review and in accordance with California ACOEM Guidelines, the request for the revision right shoulder surgery cannot be considered medically necessary.

Arthroscopy, shoulder; decompression of subacromial space with partial acromioplasty: Upheld

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

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

Decision rationale: As noted in the previous decision, the documentation fails to establish the claimant has attempted, failed, or exhausted all forms of conservative treatment in the form of recent continuous formal physical therapy for a period of three to six months along with a subacromial injection and a home exercise program prior to recommending and proceeding with surgical intervention as recommended by the ACOEM Guidelines. There continues to be a lack of documentation suggesting that the claimant has significant functional and vocational limitations which would further necessitate the request for surgical intervention. Therefore,

based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for decompression of the subacromial space with partial acromioplasty cannot be considered medically necessary.

One (1) post op physical therapy 2X6 =12: Upheld

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

Ultra sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204.

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.