

Case Number:	CM14-0010866		
Date Assigned:	02/21/2014	Date of Injury:	12/31/2011
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/27/2014

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 Oklahoma, Texas, California, and Tennessee. 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 42-year-old female who sustained work related injuries on 12/31/11 when she was transferring an elderly female patient. The injured worker developed immediate onset of pain and symptoms primarily in her neck, right shoulder, and right elbow. She had less severe soreness and pain in her mid back, and low back. The claimant was treated with oral medications and physical therapy. Electromyography (EMG)/ NCV (nerve conduction velocity) dated 05/14/13 of the bilateral upper extremities revealed a mild acute C7 radiculopathy on the right. On physical examination dated 11/18/13, she had moderate to severe burning pain in her right shoulder radiating to her right elbow and into her right hand. She reported popping clicking and grinding sensations in the right shoulder and had muscle guarding and spasm of the cervical musculature and Spurling's test was negative right shoulder range of motion was markedly reduced and she was noted to have tenderness to palpation of the right acromioclavicular joint. There was tenderness to palpation at the right biceps tendon. Drop arm, supraspinatus, Neer's, and Hawkins' tests were positive on the right. Motor strength was grade 4/5 in all shoulder ranges of motion. The injured worker was diagnosed with right shoulder subacromial impingement syndrome or possible rotator cuff tear and MRI (magnetic resonance imaging) of the cervical spine on 05/23/12 noted multilevel degenerative changes with a 3mm posterior disc protrusion at C4-5. At C5-6 there was moderate degenerative change with 1.5mm posterior disc herniation at C6-7 there was moderate degenerative disc disease with 3mm posterior disc protrusion. MRI of the right shoulder on 04/04/12 noted tenderness of the rotator cuff with 3-5mm rotator cuff tear in the mid portion. There was fluid in the biceps tendon sheath. There was fluid in the glenohumeral joint space. A utilization review determination dated 12/31/13 indicated that a request for MRI of the cervical spine was non-certified. A utilization review determination dated 12/31/13 non-certified the request for right shoulder arthroscopy with

subacromial decompression and possible rotator cuff repair, pre-op medical clearance, and post-operative medications of vicodin ES #60.  

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER SCOPE INTRA-ARTICULAR SURGERY, SUBACROMIAL DECOMPRESSION WITH POSSIBLE ROTATOR CUFF REPAIR, QTY:1.00:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: The request is recommended as medically necessary. The submitted clinical records indicate that the claimant sustained injury to the right shoulder while transferring a patient on 12/31/11. The records contain patient data to establish that the injured worker has failed conservative management. Imaging studies indicate the presence of right shoulder rotator cuff tear. As such the claimant would meet criteria for the requested procedure.

PRE-OPERATIVE MEDICAL CLEARANCE BY INTERNIST, PER REPORT DATED 12/18/13, QTY:1.00: Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content/asp?id=38289>, Preoperative evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, General Preoperative Testing.

Decision rationale: The request is supported as medically necessary. The injured worker is a 42-year-old female with multiple comorbid medical conditions for which she should be evaluated prior to operative intervention.

POST-OPERATIVE MEDICATIONS: VICODIN ES #60, PER REPORT DATED 12/18/13, QTY:60.00: Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request is recommended as medically necessary. The submitted clinical records indicate that the injured worker is a 42-year-old female with chronic right shoulder dysfunction. The submitted records indicate the presence of pathology and surgical intervention has been authorized. Therefore, the request is consistent with post-operative pain management and is recommended as medically necessary.