

Case Number:	CM14-0011851		
Date Assigned:	02/21/2014	Date of Injury:	07/09/2011
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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 36 year old male who was injured on 07/09/2011 while he was getting boxes of bread off a pallet. He injured his right shoulder. Prior treatment history has included Flexeril 7.5 mg, Norco 325/10, Prilosec, Naproxen 550 mg, Tramadol 150 mg; rest, oral anti-inflammatories, pain medications, and physiotherapy. The patient underwent right shoulder arthroscopic surgery, labrum repair in January 2012. Magnetic Resonance Imaging (MRI) of the right shoulder post arthrogram dated 09/26/2011 demonstrates prominent posterior labral tear with thickened appearance of the posterior scapular periosteum. Clinic note dated 12/27/2013 reports the patient complains of pain in the right shoulder aggravated with overhead reaching. Objective findings on exam reveal right shoulder flexion to 160 degrees; extension to 35 degrees; abduction to 160 degrees; adduction to 35 degrees; internal rotation to 65 degrees; external rotation to 70 degrees; Impingement test is positive. There is a well-healed incision in the right shoulder. Follow-up evaluation note dated 11/15/2013 states the patient complains of right shoulder pain. On exam, the right shoulder range of motion exhibits flexion to 155 degrees; extension to 40 degrees; abduction to 150 degrees; adduction is to 35 degrees; internal rotation to 65 degrees and external rotation to 75 degrees. There is tenderness over the greater tuberosity of the right humerus. There is subacromial grinding and clicking on the right. Diagnoses are right shoulder sprain/strain, status post arthroscopic surgery with adhesive capsulitis. The treatment and plan include right shoulder arthroscopic surgery with subaachromial decompression for therapeutic and analgesics purposes. Prior UR dated 12/30/2013 states the request for right shoulder surgery is non-certified as there are no current findings of conservative treatment given and there is a lack information provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic), Surgery for impingement syndrome

Decision rationale: As per California Medical Treatment Utilization Schedule and the American College of Occupational and Environmental Medicine MTUS/ACOEM and ODG, "surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. Since this diagnosis is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendonitis." In this case, this patient is status post right shoulder arthroscopic surgery in January 2012 but continues to have right shoulder pain. A progress report dated 11/15/2013 indicates the request is for right shoulder arthroscopic surgery with subacromial decompression for therapeutic and analgesics purposes. The conservative treatment history includes medications, physiotherapy, and rest. However, there is no documentation that the patient has been treated with 3-6 months of cortisone injections. Also, there is no documentation that a repeat MRI was performed after surgery in January 2012 that indicates evidence of a lesion that has been shown to benefit from surgical repair. A most recent progress report dated 12/27/2013 indicates that right shoulder flexion and abduction was 160, positive Impingement test, and well-healed right shoulder incision. However, there is no documentation of detailed subjective and functional limitations. Based on all of these reasons, the request for right shoulder surgery is not medically necessary and appropriate. The request is not medically necessary and appropriate.