

Case Number:	CM14-0012089		
Date Assigned:	02/21/2014	Date of Injury:	06/01/2012
Decision Date:	06/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/30/2014

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 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:

Progress report dated 12/02/2013 documented the patient states the injection for her shoulder hurt a lot for a few days and them might have helped slightly. She continues to have pain in the shoulder region and into the upper arm. Additionally, she has pain in her neck that radiates upward and downward. Objective findings on examination reveal she has clicking and catching in the right subacromial space with abduction arc maneuver. Strength is good x3. Shoulder is still quite irritable. Impression: Persisting right shoulder pain with rotator cuff impingement. Discussion/Plan: She would like to proceed with arthroscopic evaluation and decompression with evaluation of rotator cuff. Prior treatment history has included physical therapy, acupuncture, chiropractic and yoga. She received cortisone injection to the right shoulder. Medications include: 1. Naproxen 550 mg 2. Protonix 20 mg 3. Prozac 20 mg 4. Trazadone 50 mg Diagnostic studies reviewed include MRI on 11/15/2012 showing a moderate rotator cuff tendinosis with a partial undersurface tear and degenerative changes in the AC joint. Also showed a SLAP lesion which was seen with partial tearing but no avulsing of the biceps, anchor and glenohumeral degenerative changes? Progress note dated 02/18/2014 documented the patient reportedly having pain in the right side of her neck and mid back across the back, related to increased shoulder pain. She reports that any lifting of the right arm, greater than 90 degrees in either flexion or abduction causes pain in the right arm. She voids lifting anything heavier than five pounds due to pain in her right arm and she reports she won't reach overhead or lift any weight overhead. UR report dated 12/31/2013 denied the request for right shoulder arthroscopic evaluation and decompression with evaluation of the rotator cuff. The clinical information submitted to review fails to meet the evidence based guidelines for the requested service. A surgical history is not provided. Current medications are not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SHOULDER ARTHROSCOPIC EVALUATION AND DECOMPRESSION WITH EVALUATION OF THE ROTATOR CUFF BETWEEN 12/23/2013 AND 2/6/2014:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST - SURGICAL REHABILITATION, SHOULDER, ,

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 & Chronic), Surgery for impingement syndrome

Decision rationale: Shoulder Complaints Chapter /ACOEM guidelines, "surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. Because this diagnosis is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendinitis." In this case, this patient continues to have right neck and right shoulder pain. The right shoulder MRI dated 11/15/2012 showed moderate rotator cuff tendinosis with partial undersurface tear, degenerative changes in AC joint, SLAP lesion with partial tear and glenohumeral degenerative changes. The treatment history includes physical therapy, chiropractic treatment, acupuncture, massage therapy, cortisone injections with no significant improvement. On physical exam, she has clicking and catching in the right subacromial space with abduction arc maneuver. Strength is good x3 and shoulder is still quite irritable. The patient was diagnosed with right shoulder rotator cuff impingement. Thus, based on the records submitted for review, the patient has tried and failed appropriate course of conservative care and has subjective, objective and imaging findings to warrant the requested right shoulder arthroscopic evaluation and decompression with evaluation of the rotator cuff. The request is not medically necessary.

12 POST- OPERATIVE PHYSICAL THERAPY VISITS BETWEEN 12/23/2013 AND 2/6/2014:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST - SURGICAL REHABILITATION, SHOULDER, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rotator cuff syndrome/Impingement syndrome Page(s): 27.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, post-surgical medical treatment guidelines, 24 visits over 14 weeks of postoperative physical therapy are recommended for the proposed right shoulder surgery. Since the associated request for right shoulder surgery is

medically appropriate, an initial course of 12 sessions of postoperative physical therapy is supported by the guidelines and is medically necessary and appropriate.

1 [REDACTED] BETWEEN 12/23/2013 AND 2/6/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST - SURGICAL REHABILITATION, SHOULDER, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic), Continuous-flow cryotherapy

Decision rationale: Shoulder Complaints Chapter ACOEM guidelines recommend cold packs for acute complaint but do not specifically discuss the use of [REDACTED] unit postoperatively. Hence ODG have been consulted. As per ODG, cryotherapy is "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." In this case, since the associated request for right shoulder surgery is medically appropriate, postop use of [REDACTED] unit for 7 days is supported by the guidelines; however, the request for [REDACTED] unit between 12/23/2013 to 02/06/2014 exceeds the guidelines recommendation of up to 7 days and hence the request is not medically necessary and appropriate.

1 SLING BETWEEN 12/23/2013 AND 2/6/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic), Postoperative abduction pillow sling.

Decision rationale: CA MTUS/ACEOM guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, sling is "recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs." In this case, the patient is requested right shoulder arthroscopic surgery and the use of sling is not supported by the guidelines and hence the request is not medically necessary and appropriate.