

Case Number:	CM14-0012284		
Date Assigned:	02/21/2014	Date of Injury:	10/26/2012
Decision Date:	07/28/2014	UR Denial Date:	12/29/2013
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:

The patient is a 53-year-old male who has filed a claim for right shoulder impingement with acromioclavicular arthrosis associated with an industrial injury date of October 26, 2012. Review of progress notes indicates right shoulder pain increased with overhead extension and flexion. Patient also reports right elbow pain aggravated with forceful gripping. Findings of the right shoulder include tenderness over the AC joint, decreased range of motion, and crepitation upon flexion and extension. Regarding the right elbow, there was tenderness over the lateral epicondyle. Mention of an MRI of the right shoulder dated January 14, 2013 showed a small anterior superior labral tear, laterally downward sloping distal acromion with prominent enthesopathy, moderate degenerative changes at the AC joint, and supraspinatus tendinosis. Treatment to date has included NSAIDs, opioids, muscle relaxants, transdermal patches, physical therapy, injection to the right shoulder, and TENS. Of note, patient has 30% renal function and has stopped taking oral medications. Utilization review from December 28, 2013 denied the requests for pain pump as effectiveness of this modality has not been proven, pro-sling with abduction pillow as there was no discussion of how this will be used to advance activity level, and Sprix (Ketorolac Tromethamine) nasal spray post-surgical use for 5 days as this medication is not recommended for patients with renal impairment. There was modified certification for right shoulder arthroscopic subacromial decompression without labral repair as findings were consistent with type I SLAP lesion, 7 days use of motorized hot/cold unit, and 12 post-op physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder arthroscopic subacromial decompression and possible labral repair:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Surgery for impingement syndrome; Surgery for SLAP lesions; SLAP lesion diagnosis.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. Criteria for arthroscopic decompression (acromioplasty) include 3-6 months of conservative care; subjective findings - pain with active arc motion at 90-130 degrees and pain at night; objective findings - weak or absent abduction or atrophy, tenderness over rotator cuff or anterior acromial area, and positive impingement sign with temporary relief with anesthetic injection; and positive imaging findings of impingement. Regarding SLAP lesions, ODG states that surgery is recommended for type II and type IV lesions with more than 50% of tendon involvement. In this case, the patient presents with symptoms and findings consistent with right shoulder impingement that has not improved with conservative care. There was reported relief with injection to the right shoulder; however, there was no documentation of an updated right shoulder MRI. Regarding the labrum, imaging findings are not consistent with either a Type II or Type IV SLAP lesion to support labral repair. Therefore, the request for right shoulder arthroscopic subacromial decompression and possible labral repair was not medically necessary.

One Pain Pump: Upheld

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

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.

30 day use of motorized Hot/Cold Unit: Upheld

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

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.

One Pro-Sling with Abduction Pillow: Upheld

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

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.

Prescription Of Sprix (Ketorolac Tromethamine) nasal spray post-surgical use for 5 days: Upheld

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

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.

Twenty-Four (24) Post-Op physical therapy sessions: Upheld

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

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.