

Case Number:	CM14-0013778		
Date Assigned:	02/21/2014	Date of Injury:	06/27/2005
Decision Date:	07/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 42-year-old male who has filed a claim for calcifying tendinitis of the shoulder associated with an industrial injury date of June 27, 2005. Review of progress notes indicates worsening right shoulder pain that interferes with sleep at night. Findings include tenderness over the deltoid, and mild limited range of motion. X-ray of the right shoulder dated December 16, 2013 showed a sizeable deposit of calcium adjacent to the greater tuberosity approximately 1x2 cm in size. Treatment to date has included NSAIDs, physical therapy, cortisone shots, and shoulder surgery around 6 years ago. Utilization review from January 22, 2014 denied the requests for right shoulder arthroscopy with RCR, SAD, shoulder debridement, and calcium excision; Arthrocare; surgical assistant; and 8 post-operative physical therapy sessions as the conservative treatment history is unclear, and there are no findings or imaging study confirming rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH RCR, SAD, SHOULDER DEBRIDEMENT AND CALCIUM EXERCISION: Upheld

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

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.

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, 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. In this case, the patient's symptoms and examination findings do not meet the criteria for arthroscopic decompression. Therefore, the request for right shoulder arthroscopy with RCR, SAD, shoulder debridement, and calcium excision is not medically necessary.

ARTHROCARE: 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.

SURGICAL ASSISTANT: 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.

8 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.