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| Case Number: | CM14-0015805 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 04/12/2006 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 Physical Medicine & Rehabilitation, 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:

According to the records made available for review, this is a 57-year-old male with a 4/12/06 date of injury. At the time (1/7/14) of request for authorization for evaluation for possible right shoulder surgery, there is documentation of subjective (improved shoulder pain after injection) and objective (positive impingement sign in the left shoulder and positive Hawkins) findings. The current diagnosis is rotator cuff syndrome. The treatment to date includes shoulder injection. There is no documentation of subjective clinical findings (pain with active arc motion 90 to 130 degrees and pain at night), additional objective findings (weak or absent abduction and tenderness over rotator cuff or anterior acromial area), and imaging clinical findings (conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI (magnetic resonance imaging), ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff).

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION FOR POSSIBLE RIGHT SHOULDER SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Uppber back (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Subacromial Decompression

Decision rationale: The MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. The Official Disability Guidelines (ODG) identifies documentation of conservative care recommend 3 to 6 months; subjective clinical findings (pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases)); objective clinical findings(weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test)); imaging clinical findings (conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI (magnetic resonance imaging), ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff), as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of a diagnosis of rotator cuff syndrome. In addition, there is documentation of objective clinical findings (positive impingement sign and temporary relief of pain with anesthetic injection); and failure of conservative therapy for three months (including cortisone injections). However, there is no documentation of subjective clinical findings, additional objective findings, and imaging clinical findings. Therefore, based on guidelines and a review of the evidence, the request for evaluation for possible right shoulder surgery is not medically necessary.