

Case Number:	CM14-0111289		
Date Assigned:	08/01/2014	Date of Injury:	10/24/2011
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/16/2014

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:

This 50-year male sustained an industrial injury on October 24, 2011, relative to repetitive motion. Records indicated that the patient was being followed by a variety of physicians for dyspnea, obesity, depression, anxiety, mood swings, chronic pain, spinal complaints, erection problems, bilateral carpal tunnel syndrome, and weight loss. Pain was reported over the spine and upper and lower extremities. The February 20, 2013 right shoulder MRI impression documented partial thickness tear of the subscapularis tendon with minimal extension into the supraspinatus tendon. There was a type III acromion process with degenerative acromioclavicular joint changes with inferior spurring contacting the supraspinatus muscle. There were mild degenerative changes in the glenohumeral joints with subcortical tiny cystic erosive changes in the inferior bony glenoid. There was biceps tenosynovitis with subtle changes of biceps tendinopathy. The September 30, 2013 orthopedic report indicated the patient was very happy that the right shoulder injection was helpful for 3 weeks, then his pain recurred. He had persistent complaints of pain along the right small finger. Physical exam documented bilateral shoulder tenderness and mild weakness with flexion, abduction, and external rotation of the right shoulder. Range of motion testing documented right shoulder flexion 145, abduction 130, internal rotation 60, and external rotation 75 degrees. Neer's and Hawkin's tests were positive bilaterally. Right wrist exam documented positive median nerve compression. The treatment plan recommended right shoulder arthroscopy, intra-articular surgery, subacromial decompression, and possible distal clavicle resection for a diagnosis of refractory right shoulder impingement syndrome. The patient had a positive impingement injection test and had persistent symptoms refractory to conservative treatment. The May 28, 2014 treating physician report indicated that the patient had extreme pain over the low back and bilateral shoulders/arms. The report cited right shoulder surgery on January 29, 2014 but indicated that right shoulder surgery

authorization was pending. The treatment plan requested right shoulder surgery. There were no right shoulder exam findings documented. The June 13, 2014 utilization review denied the request for right shoulder surgery as being ambiguous with no specific anatomic problem or injury, no shoulder complaint other than pain, no shoulder exam, and no documentation of conservative treatment.

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 Page(s): 207-208.

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, Surgery for impingement syndrome.

Decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for three to six months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. The most recent physical exam findings were documented in September 2013 with no clear detail relative to conservative treatment to the shoulder. There is no documentation of a functional limitation relative to the right shoulder, but for pain. The current request for right shoulder surgery does not specify the procedure being requested with conflicting surgical history. Therefore, this request for right shoulder surgery is not medically necessary or appropriate.