

Case Number:	CM14-0157679		
Date Assigned:	10/01/2014	Date of Injury:	06/18/2013
Decision Date:	12/26/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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 Indiana. 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 injured worker is a 50-year-old male with bilateral shoulder pain, left greater than right. The worker had an MRI of the left shoulder performed on 3/19/14 which revealed a small distal supraspinatus tear versus tendinitis, minimal effusions of the glenohumeral joint and subacromial bursa, and mild acromioclavicular joint hypertrophy with a type II laterally down-sloping acromion process. An MRI of the right shoulder performed on the same date demonstrated inferior protruding osteophytes of the right AC joint with subacromial/subdeltoid bursitis and no rotator cuff seen. The worker states that during the course of his employment, he began to develop pain to his neck and shoulders which he related to his work duties which included: lifting trailer doors, constant use of a clutch driving a semi-truck, delivering food supplies, and unloading, lifting and carrying merchandise. The worker also sustained a work-related injury on 8/25/11 when he slipped and fell and developed lower back pain, left hip and left knee pain. He was treated with pain medication, NSAIDs and PT to the lower back, left hip, and left knee. The worker's complaints as of 8/5/14 included continuous sharp pains in the neck with numbness and tingling in the neck, radiating pain to the arm and hands, numbness and tingling in the arms and hands, frequent headaches, with continuous sharp, shooting, and throbbing pains in the shoulders with activity traveling to his arms and hands with a clicking sensation in the shoulders. His pain increases with reaching, pushing, pulling and with any lifting. On physical examination of the cervical spine, the worker has spasm and tenderness over the paravertebral musculature and upper trapezium with a normal neurologic examination of both upper extremities. On examination of the shoulders, the worker has tenderness around both AC joints with positive Impingement and Hawkins signs bilaterally and positive Jobe's and cross-body adduction tests bilaterally. On 9/30/14, the worker declined conservative treatment for his shoulder problems including physical therapy and corticosteroid injections. The treating physician is requesting

approval for bilateral shoulder arthroscopy with subacromial decompression, distal clavicle excision and possible rotator cuff repair; pre-operative medical clearance; a DME post-operative sling; and physical therapy 12 visits bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: 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 requested surgical procedure is not medically necessary, the requested pre-operative medical clearance is not medically necessary.

Bilateral shoulder arthroscopy with subacromial decompression, distal clavicle excision and possible rotator cuff tear: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Surgery for Impingement Syndrome

Decision rationale: According to the CA MTUS ACOEM guidelines for the shoulder, in regard to impingement syndrome: 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. According to the ODG Guidelines for the Shoulder, Surgery for shoulder impingement is recommend acromioplasty for acromial impingement syndrome as indicated below, after at least 3-6 months of conservative care. Not recommended in conjunction with full-thickness rotator cuff repair. (Abrams, 2014) Surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. In this worker's case, the has received PT for his lower back, left hip, and left knee, but there is no documentation of conservative care for treatment of his shoulder symptoms and there is mention that the worker declined conservative treatment including PT and corticosteroid injections. For this reason, the ACOEM and ODG guidelines for surgery on the shoulder for impingement syndrome have not been met and the recommended arthroscopic surgery on both shoulders is not medically necessary.

DME Post-Operative Sling: 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 requested surgical procedure is not medically necessary, the requested DME postoperative sling is not medically necessary.

Physical Therapy 12 visits Bilateral: 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 requested surgical procedure is not medically necessary, the requested post-operative physical therapy 12 visits bilaterally is not medically necessary.