

Case Number:	CM14-0159401		
Date Assigned:	10/03/2014	Date of Injury:	05/27/2014
Decision Date:	11/04/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 is a 46-year-old male who sustained a vocational injury while trying to climb a vertical ladder as a tech crew coordinator on 05/27/14. The report of an MRI of the right shoulder dated 06/06/14 identified degenerative and focal inflammatory changes of the right acromioclavicular joint with mass effect upon the adjacent soft tissues likely contributing to impingement; clinical correlation was recommended. There was also a partial thickness appearing tear of the distal right supraspinatus tendon and tendinosis of the remainder of the supraspinatus tendon. There was tenosynovitis of the proximal right biceps tendon. Radiographs of the right shoulder dated 05/29/14 showed mild degenerative changes of the acromioclavicular joint. The office visit dated 09/17/14 noted right shoulder pain but no paresthesias and decreased range of motion. Physical examination of the right shoulder revealed tenderness about the deltoid and supraspinatus muscle, limited range of motion in all planes, forward flexion, extension, abduction, and adduction strength were all 3/5. There was a positive Hawkins Test and a positive empty can test. The documentation indicated that the claimant had completed four sessions of physical therapy with mild results. The prior Utilization Review determination noted that the claimant had an injection in the shoulder; however, the anatomic location and the medication that was utilized in the injection were not clearly documented. A physical therapy note dated 10/02/14 documented that the claimant had eighteen sessions of physical therapy. This review is for right shoulder acromioplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: California ACOEM Guidelines recommend activity limitation for more than four months and failure to increase range of motion and strength of the musculature around the shoulder after an exercise program plus the existence of a surgical lesion. ACOEM recommends for impingement syndrome surgery, conservative care for a minimum period of three to six months which should include Cortisone injections. There is conflicting information in the documentation presented for review including the mechanism of injury, the amount and response of formal physical therapy to date, and the confirmation that the claimant truly had injection therapy in the form of Cortisone injections. It would be pertinent to know the anatomic location of those injections prior to determining the medical necessity for surgery. In light of the inconsistencies in the documentation presented for review including the lack of clarity with regard to conservative treatment to date, the request for the right shoulder acromioplasty cannot be considered medically necessary.

Shoulder sling.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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.

Post Operative Physical Therapy 9 visits. Shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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.