

Case Number:	CM14-0172472		
Date Assigned:	10/23/2014	Date of Injury:	05/22/2014
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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:

According to the records made available for review, this is a 50-year-old male with a 5/22/14 date of injury. At the time (9/25/14) of request for authorization for Right shoulder arthroscopy with decompression, right shoulder jolt manipulation, IP days not provided and Associated surgical service: post-op physical therapy, number of visits not provided, there is documentation of subjective (right shoulder pain with stiffness and occasional right shoulder pain at night) and objective (right shoulder flexion of 100 degrees, external rotation abduction of 70 degrees, internal rotation abduction of 50 degrees, mild tenderness over biceps tendon as well as lateral acromion and greater tuberosity, limited right shoulder range of motion, decreased right hand strength, and positive neer's as well as hawkin's test) findings, imaging findings (MRI right shoulder (6/26/14) report revealed rotator cuff tendinopathy, adhesive capsulitis, and tendinopathy of intra-articular segment of long head biceps tendon, and X-Ray of right shoulder (5/26/14) revealed mild acromioclavicular joint degenerative changes), current diagnoses (adhesive capsulitis of right shoulder, stiffness of right shoulder joint, and right shoulder rotator cuff as well as long head biceps tendinopathy), and treatment to date (physical therapy, home exercises, cortisone injection, and medications). There is no documentation of the number of in-patient days requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with decompression, right shoulder jolt manipulation, IP days not provided: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, online

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 and Manipulation under Anesthesia

Decision rationale: Specifically regarding Right shoulder arthroscopy with decompression, right shoulder jolt manipulation, 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. 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, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Specifically regarding inpatient stay, MTUS does not address the issue. ODG identifies that for a rotator cuff repair, the best practice target (no complications) is outpatient, with a median of 1 day. Within the medical information available for review, there is documentation of diagnoses of adhesive capsulitis of right shoulder, stiffness of right shoulder joint, right shoulder rotator cuff and long head biceps tendinopathy. In addition, there is documentation of failure to increase range of motion and strength of the musculature around the shoulder; and failure of conservative therapy for three months including cortisone injections. Furthermore, given documentation of subjective (right shoulder flexion of 100 and right shoulder pain at night) and objective (external rotation abduction of 70 degrees, internal rotation abduction of 50 degrees weak abduction, tenderness over biceps tendon, and positive hawkin's as well as neer's test) findings, there is documentation of subjective (pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity)) and objective (weak abduction, tenderness over rotator cuff, positive impingement sign) clinical findings. Lastly, there is documentation of imaging clinical findings showing positive evidence of deficit in rotator cuff. However, given documentation of an associated request for inpatient days, there is no documentation of the number of in-patient days requested. Therefore, based on guidelines and a review of the evidence, the request for Right shoulder arthroscopy with decompression, right shoulder jolt manipulation, IP days not provided is not medically necessary.

Associated surgical service: post-op physical therapy, number of visits not provided:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, online

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: post-op physical therapy, number of visits not provided is not medically necessary.