

Case Number:	CM14-0179444		
Date Assigned:	11/03/2014	Date of Injury:	11/15/2013
Decision Date:	12/09/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/29/2014

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, 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 43 year old female with an 11/15/13 injury date. A left shoulder MRI on 8/5/14 showed supraspinatus tendinosis, type II acromion, and possible labral tear. The acromioclavicular (AC) joint was noted to be satisfactory. In a 10/1/14 follow-up, the patient has continued left shoulder pain worsened with activity. Objective findings included positive Neer, Hawkin's, and O'Brien's test, reduced shoulder range of motion, and pain over the AC joint. It was noted that she had an injection into her left shoulder with only temporary relief. In a QME on 8/14/14, left shoulder forward flexion was 170 degrees, abduction 160 degrees, external rotation 70 degrees, and internal rotation 70 degrees. Impingement signs were positive. A 9/16/14 upper extremity EMG was normal. Diagnostic impression: left shoulder impingement syndrome. Treatment to date: left shoulder subacromial AND AC joint injections, physical therapy, medications. A UR decision on 10/27/14 denied the request for arthroscopic subacromial decompression with partial claviclectomy and possible rotator cuff repair because the MRI does not show any evidence of impingement, rotator cuff tear, or AC joint arthrosis. The request for Prilosec 20 mg #90 was denied because the patient is not noted to be on high doses of NSAIDS and there is no documentation of subjective complaints or medical history to support the use of PPI therapy. The request for pre-op clearance was denied because the associated procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic subacromial decompression with partial claviclectomy and possible rotator cuff repair: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Partial claviclectomy (Mumford procedure), Rotator cuff repair.

Decision rationale: CA MTUS states that 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. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. ODG supports partial claviclectomy (including Mumford procedure) with imaging evidence of significant AC joint degeneration along with physical findings (including focal tenderness at the AC joint, cross body adduction test, active compression test, and pain reproduced at the AC joint with the arm in maximal internal rotation may be the most sensitive tests), and pain relief obtained with an injection of anesthetic for diagnostic purposes. Non-surgical modalities includes at least 6 weeks of care directed towards symptom relief prior to surgery including anti-inflammatories and analgesics, local modalities such as moist heat, ice, or ultrasound. CA MTUS states that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation; conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment, but without the surgical risks, and further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In addition, ODG criteria for repair of full-thickness rotator cuff tears include a full-thickness tear evidenced on MRI report. However, in this case there is no evidence on the available imaging studies that there is any AC joint pathology. In addition, there is no evidence of a full-thickness rotator cuff tear on the MRI. Although there is clinical evidence of impingement syndrome that correlates with imaging findings of rotator cuff tendinosis, it is not clear from the documentation that the patient has had a significant amount of physical therapy directed specifically toward the treatment of impingement syndrome. Although the temporary relief of symptoms provided by subacromial and AC joint cortisone injections does support the diagnosis of impingement syndrome and AC joint arthritis, respectively, the above additional documentation is needed prior to certification of the procedures. Therefore, the request for arthroscopic subacromial decompression with partial claviclectomy and possible rotator cuff repair is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, there remains no report of gastrointestinal complaints or chronic NSAID use. Therefore, the request for Prilosec 20 mg #90 is not medically necessary.

Associated surgical service: Pre-op 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 primary procedure is not medically necessary, none of the associated services are medically necessary.