

Case Number:	CM14-0182763		
Date Assigned:	11/07/2014	Date of Injury:	08/12/2013
Decision Date:	12/12/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/03/2014

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 Georgia. 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 28-year-old male who reported injuries from unsuccessfully attempting to support a 70 pound piece of plywood above his head on 08/12/2013. On 10/08/2014, his diagnoses included cervical spine musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain with radiculitis, right shoulder sprain/strain and impingement syndrome, labral tear, tendinitis/bursitis per MRI dated 09/09/2014, left shoulder sprain/strain, sleep disturbance secondary to pain, and depression/anxiety, situational. His complaints included neck, mid/upper back and bilateral shoulder/arm pain. He rated his right shoulder pain 8/10 and left shoulder pain 9/10. There was grade 2-3 tenderness to palpation over the right shoulder which had remained the same since the previous visit and grade 2 tenderness to palpation over the left shoulder which had increased from grade 1 on the last visit. There was restricted range of motion. "Impingement and supraspinatus" were both positive, bilaterally. He had received an unknown number of acupuncture treatments over an unspecified period of time, and reported that they helped decrease his pain and tenderness. The treatment plan included continuation of acupuncture treatment for the cervical spine, thoracic spine, lumbar spine, and bilateral shoulders twice per week for 6 weeks, cyclobenzaprine 7.5 mg, and right shoulder arthroscopic subacromial decompression. It was noted that he had trials of rest, time off work, therapy, medications and other conservative methods which had failed. The requesting physician noted that this injured worker was faced with the choice of attempting to live with the pain or undergoing surgical intervention. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right shoulder arthroscopic subacromial decompression: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for impingement syndrome.

Decision rationale: The request for one (1) right shoulder arthroscopic subacromial decompression is not medically necessary. The California ACOEM Guidelines note that 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 3 to 6 months before considering surgery. The Official Disability Guidelines recommends acromioplasty for acromion impingement syndrome as indicated below, after at least 3 to 6 months of conservative care. This procedure is not indicated for patients with mild symptoms or those who have no limits of activities. Conservative care, including cortisone injections should be carried out for at least 3 to 6 months prior to considering surgery. Arthroscopic subacromial decompression does not appear to change the functional outcome after arthroscopic repair of the rotator cuff. A recent randomized controlled trial concluded that arthroscopic acromioplasty provides no clinically important effects over a structured and supervised exercise program alone, in terms of subjective outcomes or cost effectiveness when measured at 24 months, and that structured exercise treatment should be the basis for treatment of shoulder impingement syndrome, with operative treatment offered judiciously. 80% of patients diagnosed with acromion impingement syndrome will get better without surgery. Criteria include conservative care which was recommended for 3 to 6 months. The treatment must be directed towards regaining full range of motion, which requires both stretching and strengthening to balance the musculature, plus subjective clinical findings including pain with active arc motion 90 to 130 degrees and pain at night, plus objective clinical findings including weak or absent abduction, and may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area. Positive impingement sign and temporary relief of pain with anesthetic injection plus imaging, clinical findings, conventional x-rays, AP anterolateral or axillary view, and MRI ultrasound or arthrogram shows positive evidence of impingement. This injured worker did receive 1 injection into the acromion of his right shoulder with mild short term relief. It was noted that he was receiving benefit with acupuncture treatments. Although therapy was mentioned as part of his conservative care regimen, there was no clinical documentation submitted for review of the extent, modalities, time frames, or results of physical therapy. Additionally, there was no documentation of failed trials of acupuncture as a noninvasive therapy. The clinical information submitted failed to meet the evidence based guidelines for arthroscopic surgery. Therefore this request for one (1) right shoulder arthroscopic subacromial decompression is not medically necessary.

Associated surgical service: 12 acupuncture to the cervical spine, thoracic spine, lumbar spine and bilateral shoulders: 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.

Associated surgical service: Cyclobenzaprine 7.5 mg #60: 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.