

Case Number:	CM14-0023775		
Date Assigned:	06/11/2014	Date of Injury:	05/10/2010
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 Texas. 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 patient is a 51 year old male who was injured on 05/10/2010 when a pallet load of doors started to fall on him. Prior treatment history has included the following medications: Ambien, Celebrex and Norco. Conservative care has included physical therapy, activity modification, chiropractic treatments and injections. Diagnostic studies reviewed include MRI of the right shoulder dated 06/08/2010 which revealed moderate to severe impingement, moderate hypertrophic changes at the AC joint and no findings consistent with either partial or complete rotator cuff tear, as reported per UR report dated 02/14/2014. Progress note dated 01/30/2014 documented the patient with complaints of pain radiating to the neck, back, arms and legs. The patient complains of right shoulder pain. Objective findings on examination revealed a right shoulder positive impingement sign, positive supraspinatus significant, positive AC joint tenderness and positive crepitus. The treatment plan includes right shoulder arthroscopy with subacromial decompression, coracoacromial ligament release and debridement along with postoperative physical therapy three times per week. The diagnosis is impingement syndrome of right shoulder. Utilization report dated 02/14/2014 reviewed a request for right shoulder arthroscopy with subacromial decompression, coracoacromial release, and debridement. The request was not certified as the procedure is not indicated for patients with mild symptoms or those who have no limitation of activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION, CORACOACROMIAL (CA) LIGAMENT RELEASE, AND DEBRIDEMENT: Overturned

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

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

Decision rationale: The ACOEM guidelines indicate that surgery for impingement syndrome is usually arthroscopic decompression. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. The ODG recommends the following criteria for the requested treatment, "Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees and Pain at night. 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 shows positive evidence of impingement. According to the documentation provided, the patient has undergone a reasonable course of conservative treatments including physical therapy, injections, activity moods, and chiropractic treatment. He has objective evidence of impingement by clinical exam and imaging. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

ASSISTANT SURGEON: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assistant Surgeon, American Academy of Orthopaedic Surgeons.

Decision rationale: The ODG does not delineate clear criteria for the necessity of an assistant surgeon. The need for an assistant is surgeon and facility dependent. A surgical first assist is very commonly used in many facilities in order to facilitate proper room setup, patient positioning, and to help manage instrumentation during the procedure. First assists are helpful in improving patient throughput, optimizing surgeon efficiency, and reducing technical errors. It would therefore be reasonable to approve a surgical first assist for this case.

POSTOPERATIVE PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

Decision rationale: The California MTUS Post-surgical guidelines and ODG recommends 24 visits over 14 weeks after arthroscopic treatment for rotator cuff/impingement syndrome. A 4 week course with 3 sessions per week would therefore meet criteria for initial care and therefore is medically necessary.