

Case Number:	CM14-0025283		
Date Assigned:	06/11/2014	Date of Injury:	10/15/2010
Decision Date:	08/04/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/27/2014

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 Surgeon, has a subspecialty in Shoulder and Elbow 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:

The injured worker is a 60-year-old female who reported injury on 10/15/2010. The injured worker underwent an MRI of the right shoulder on 06/24/2013, which revealed there was a type II acromion with no significant acromioclavicular osteoarthritis. There was a supraspinatus tendon intrasubstance partial tear versus tendinosis without full thickness tear. The documentation of 02/06/2014 revealed the injured worker's prior treatments included physical therapy, resting, and cortisone injection. The objective findings revealed a positive empty can test. The injured worker had weakness in the supraspinatus. The injured worker had tenderness over the acromioclavicular joint and was very tender over the biceps tendon. The injured worker had a positive crossover test. The injured worker had a positive Hawkins' and right shoulder limitation on range of motion. The injured worker had acromioclavicular arthropathy. The diagnosis included bilateral impingement syndrome, right greater than left. The treatment plan included right shoulder treatment had failed and the MRI showed a significant rotator cuff tear. As such, the request was made for a right shoulder scope with a subacromial decompression, Mumford procedure, and probable rotator cuff repair. The additional request was made for medical clearance due to diabetes, and the documentation indicated the injured worker underwent updated x-rays of the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION, MUMFORD, AND POSSIBLE ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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).

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, plus the existence of a surgical lesion, including clear and clinical imaging. There should be documentation of a failure to increase in range of motion and strength of the musculature around the shoulder, even after exercise programs. Additionally, impingement syndrome surgery is typically arthroscopic decompression. There should be documentation of conservative care, including cortisone injections for at least 3 months to 6 months before surgery. There should be documentation of objective findings on MRI. The clinical documentation submitted for review indicated the injured worker had positive findings. It was indicated the injured worker had failed physical therapy and a cortisone injection. The injured worker had positive tenderness over the acromion and was very tender of the biceps tendon, had weakness on the supraspinatus, and had a positive cross arm and Hawkins' test with limited range of motion. This portion of the request would be supported. The ACOEM Guidelines additionally indicate that rotator cuff tears are frequently partial thickness or small full thickness tears. For partial thickness rotator cuff tears, surgery is reserved for cases failing conservative care for 3 months. The clinical documentation submitted for review indicated the injured worker had a supraspinatus tendon intrasubstance partial tear without a full thickness tear and had a type II acromion which would support the need for a decompression and possible rotator cuff repair. The decision for rotator cuff repair would be performed intra-operatively. This portion of the surgical intervention would be supported. The ACOEM Guidelines do not specifically address the Mumford procedure. As such, secondary guidelines were sought. The ODG indicate that, for a partial claviclectomy, there should be documentation of at least 6 weeks of care directed toward symptom relief prior to surgery, pain at the AC joint, aggravation of pain with shoulder motion or carrying weight, and tenderness over the AC joint by physical examination, and/or pain relief obtained from an injection of anesthetic for a diagnostic therapeutic trial, plus conventional films showing post-traumatic changes of the AC joint. The injured worker had at least 6 weeks of care directed at symptomatic relief and pain at the AC joint, as well as tenderness upon objective findings. However, there was a lack of documentation indicating the injured worker had an aggravation of pain with shoulder motion and had post-traumatic changes of the AC joint. As such, this portion of the surgical procedure would not be supported. This request must be denied in its entirety. Given the above, the request for right shoulder arthroscopy, subacromial decompression, Mumford and possible rotator cuff repair is not medically necessary.

POSTOPERATIVE PHYSICAL THERAPY 3 TIMES A WEEK 4 TO THE RIGHT SHOULDER: 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.

POSTOPERATIVE COLD THERAPY UNIT: 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.

POSTOPERATIVE ABDUCTION PILLOW: 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.

POSTOPERATIVE MEDICAL CLEARANCE TO INCLUDE LABS: 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.

RETROSPECTIVE DATE OF SERVICE 2/6/2014 FOR X-RAYS OF BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The ACOEM Guidelines indicate that, for most patients with shoulder problems, special studies are not needed until a 4 week or 6 week period of conservative care and

observation fails to improve symptoms. The clinical documentation submitted for review failed to provide a documented rationale for the requested x-rays. Given the above, the request for retrospective date of service 02/06/2014 for x-rays of bilateral shoulders is not medically necessary.