

Case Number:	CM14-0028833		
Date Assigned:	06/16/2014	Date of Injury:	05/19/2010
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopaedic 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 46-year-old female buyer/planner sustained an industrial injury on 5/19/10. Injury occurred when she was sitting on the front edge of a broken chair that tipped over when she went to get up. She fell backwards striking her right upper back and shoulder against a table and the floor. The 8/1/12 AME examination documented MRI findings of chronic rotator cuff insertional tendinopathy at the point of impact on the greater tuberosity and a markedly positive impingement test. The patient had a two-year history of continued right shoulder pain with loss of function despite conservative treatment. The medical necessity of surgical decompression was opined. The 5/17/13 initial orthopedic exam documented persistent right shoulder and elbow pain with burning pain into her hand and ulnar digit numbness. Shoulder and hand pain woke her at night. Right shoulder physical exam findings documented abduction and external rotation to 70 degrees, forward flexion to 170 degrees, significant pain with motion, pain over the acromioclavicular (AC) joint, significant impingement, negative lift off, and pain with supraspinatus testing. The 3/5/12 right shoulder MRI showed an insertional tendinopathy of the infraspinatus. Right shoulder x-rays showed a mild anterior acromial spur, type 1 acromion with small hook, and decreased right AC (acromioclavicular) joint space with occasional cyst at the AC joint. Cortisone injection into the subacromial space and AC joint was recommended. The 6/14/13 progress report cited persistent right shoulder pain and inability to elevate the shoulder without significant pain. Injections were provided to the subacromial space with improvement but continued pain over the AC joint. The 7/24/13 progress report cited temporary benefit with the cortisone injection with persistent right shoulder pain and difficulty in activities of daily living. Right shoulder exam findings documented forward flexion to 100 degrees, and abduction/external rotation to 40 degrees, significant impingement, and positive cross body testing. Conservative treatment, including physical therapy, anti-inflammatory medications,

activity modification and cortisone injections, had failed over 3 years. The treatment plan recommended right shoulder arthroscopy with decompression and distal clavicle excision. The 2/7/14 utilization review denied the request for right shoulder arthroscopic decompression and Mumford procedure based on the absence of an MRI report and no indication that conservative treatment had been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY RIGHT SHOULDER ARTHROSCOPIC DECOMPRESSION AND MUMFORD PROCEDURE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome, Partial claviclectomy.

Decision rationale: Under consideration is a request for right shoulder arthroscopic decompression and Mumford procedure. The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines for acromioplasty generally require 3 to 6 months of conservative treatment, and subjective, objective, and imaging clinical findings consistent with impingement. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have been met. Significant right shoulder pain and functional limitations are documented. Subjective and clinical exam findings are consistent with radiographic and impingement evidence of impingement. There is AC joint pain on examination and radiographic evidence of anterior acromial spur. Comprehensive conservative treatment has been tried and failed. Therefore, this request for right shoulder arthroscopic decompression and Mumford procedure is medically necessary and appropriate.