

Case Number:	CM14-0029050		
Date Assigned:	06/13/2014	Date of Injury:	09/01/2011
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/05/2014

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 55-year-old male sustained an industrial injury 9/1/11, lifting a washing machine at work. The 5/10/12 right shoulder MRI conclusion documented downsloping of the acromion that may be indicative of clinical impingement syndrome, mild acromioclavicular joint degenerative changes, and a few degenerative subcortical cysts along the superior aspect of the greater tubercle. The 12/30/13 treating physician report cited continued aching pain in the neck and right shoulder that increased with activities of daily living, repetitive activities, and reaching above his head. Pain woke him at night. Tramadol and Naprosyn helped to decrease symptoms. Right shoulder exam documented positive impingement maneuver, acromioclavicular (AC) joint pain, and biceps tendon tenderness. Range of motion included active abduction 160 degrees, passive abduction 180 degrees, flexion 180 degrees, and pain with resisted abduction. The diagnoses included C5/6 and C6/7 disc injury with radiculitis and mild stenosis, multilevel lumbar disc desiccation and bulging with spondylosis, right shoulder impingement syndrome with acromioclavicular joint pain, headaches, and bilateral carpal tunnel syndrome with positive electrodiagnostic studies. The 1/24/14 treating physician report cited persistent right shoulder and back pain radiating into the right lower extremity. Right shoulder exam findings documented mild right shoulder atrophy, tenderness to palpation about the biceps tendon and acromioclavicular joint, 4/5 deltoid strength, positive impingement maneuvers, and positive supraspinatus maneuver. Right shoulder range of motion showed flexion 60 degrees, extension to 40 degrees, abduction 120 degrees, adduction 20 degrees, external rotation 60 degrees, and internal rotation 30 degrees. The patient had failed a long course of non-surgical treatment including rest, medications, and subacromial injections. A right shoulder arthroscopic subacromial decompression and Mumford procedure was requested. The 2/18/14 utilization review denied the right for right shoulder arthroscopic subacromial decompression and Mumford

procedures based on an absence of 3 to 6 months of documented conservative treatment care, including injections, physical therapy and/or home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY DECOMPRESSION AND MUMFORD

PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints.

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 arthroscopy 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 directed toward gaining full range of motion, requiring both strengthening and stretching to balance the musculature. Criteria include subjective, objective, and imaging clinical exam findings with positive evidence for impingement including positive diagnostic injection test. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. The 1/24/14 treating physician findings of range of motion, compared to the prior reports, are inconsistent and suggest a recent significant flare. Imaging findings are suggestive of impingement, but do not evidence severe degenerative acromioclavicular joint findings. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for right shoulder arthroscopy decompression and Mumford procedure is not medically necessary.