

Case Number:	CM14-0030367		
Date Assigned:	06/20/2014	Date of Injury:	02/02/2009
Decision Date:	08/06/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pennsylvania. 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 is a 31-year-old male claimant who sustained a vocational injury on 02/02/09 while working as a forklift operator and loader. The records provided for review document right shoulder arthroscopy with debridement of a biceps SLAP repair occurred on June 16, 2009 followed by right shoulder arthroscopy on 02/12/13 with extensive debridement of the superior labrum, capsulorrhaphy of the anterior and posterior joint capsule, biceps tenodesis, rotator interval closure and lysis of adhesions. The current diagnosis is status post right shoulder arthroscopy, labral debridement, capsulorrhaphy, previous bone and biceps tenodesis with rotator cuff tendinosis. The report of the office visit on January 31, 2014 noted continued pain in the shoulder although symptoms were noted to be improved. Physical examination showed tenderness over the anterior and anterolateral aspect of the shoulder but no tenderness over the acromioclavicular joint. Active range of motion was 140 degrees of elevation, 20 degrees of abduction, external rotation with the arm at the side was to approximately 60 degrees and internal rotation was to approximately L3. He had pain at the limits of his shoulder range of motion but did not tolerate full passive motion of the shoulder. There was no crepitus noted. Documentation in an Agreed Medical Examination (AME) on October 15, 2013 noted that x-rays of the right shoulder showed no evidence of fracture or dislocation and the acromioclavicular joint and glenohumeral articulations were intact. There was no evidence of osteoarthritis or narrowing. The results of a magnetic resonance (MR) arthrogram revealed mild rotator cuff tendinosis and some possible fraying of the glenoid labrum. There was no discrete labral tear or full thickness rotator cuff tear identified. A magnetic resonance imaging (MRI) of the right shoulder dated 11/02/13 showed that a biceps tenodesis had in fact been performed and there was intact postoperative appearance. There was supraspinatus tendinosis/tendinopathy noted with no new findings in comparison to the previous study. The components of the

coracoacromial arch revealed gradual curvature of the acromion and there was mild to moderate acromioclavicular joint arthropathy. There was a 6-millimeter ganglion or synovial cyst just above the acromioclavicular joint and there was no narrowing of the supraspinatus outlet evident. An ultrasound of the right shoulder on 11/26/13 noted status post SLAP repair with an intact biceps anchor and no re-tear. There was right subacromial fibrosis/adhesions/scar tissue and there was a normal rotator cuff noted. Conservative care to date includes post-op physical therapy. The AME report noted that the claimant was taking Ibuprofen and Tylenol. The current request is for a right shoulder arthroscopy, debridement and lysis of adhesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, debridement, lysis adhesions: 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), Shoulder Procedure Summary.

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

Decision rationale: The California ACOEM Guidelines do not support the request for right shoulder arthroscopy, debridement, and lysis of adhesion as medically necessary. The records provided for review suggest that the claimant has had two previous shoulder surgeries, which were very similar to the current request for surgical intervention. The documentation indicates that the claimant has not received long-term benefit from the surgeries success. It is not clear how the new request for surgical intervention would provide any different outcome or prognosis for long-term success in regards to activities of daily living and vocational rehabilitation. In addition, there is the lack of documentation that the claimant has had continuous, regular, ongoing conservative treatment for a minimum of three to six months prior to considering and requesting a second revision surgery to the right shoulder. Diagnostic studies failed to confirm significant ongoing pathology in the right shoulder, which may be amendable to the requested surgical intervention. ACOEM Guidelines recommend clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Therefore, based on the documentation presented for review and in accordance with California MTUS and ACOEM Guidelines, the request for right shoulder arthroscopy, debridement and lysis of adhesions cannot be considered medically necessary.

Post operative physical therapy; twelve (12) sessions (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

CPM Machine: 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), Shoulder Procedure Summary.

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.