

Case Number:	CM14-0032082		
Date Assigned:	06/20/2014	Date of Injury:	02/26/2013
Decision Date:	07/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/13/2014

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 41-year-old female materials planner sustained an industrial injury February 26, 2013, relative to repetitive work duties. The patient underwent right shoulder arthroscopy with subacromial decompression, distal clavicle excision, and chondroplasty glenoid on July 16, 2013. The October 2, 2013 x-rays documented adequate distal clavicle excision with calcification adjacent to the glenoid. The November 13, 2013 right shoulder MR arthrogram impression showed no evidence of rotator cuff tear or labral tear, contrast entering subacromial bursa, which can occur after shoulder surgery as a normal finding, status post acromioplasty, and supraspinatus outlet appeared adequate. The February 3, 2014 treating physician report indicated that prior surgery and post-operative therapy had been of no benefit. A prior nerve conduction study was normal. Subjective complaints included constant right shoulder pain that becomes sharp with activity and radiated to the neck and top of left shoulder, with right arm tingling at night. Ibuprofen and rest are beneficial. Physical exam findings documented tenderness at the acromioclavicular joint, bicipital groove and greater tuberosity with range of motion documented as 170/40/L1. Abduction, external rotation, and internal rotation strength were intact but painful. There were mildly positive biceps provocation and positive impingement signs. Upper extremity sensation was normal and pulses intact. X-rays showed a 2B arch, signs of acromioclavicular arthritis with some residual dystrophic calcification, and intact glenohumeral joint space. There was residual distal clavicle and an acromial spur. The diagnosis was right persistent shoulder pain, right shoulder impingement syndrome, possible rotator cuff tear, biceps pathology, and possible extra-articular partial biceps tear. The treating physician opined that there might be an upper border subscapularis tear or extra-articular biceps partial tear. To rule-out occult nerve injury, a repeat EMG/NCV was recommended. The February 7, 2014 utilization review denied the request for shoulder surgery as there was no evidence of acromioclavicular joint pathology.

on the MRI, no cross body testing, no diagnostic acromioclavicular joint injection, no rotator cuff tear on MRI, and no clinical evidence of radiculopathy or peripheral neuropathy to support a repeat electrodiagnostic study or associated consultation. The February 14, 2014 appeal letter cited current pain is significant and prevented her from working or participating in activities of daily living. The patient is unable to lift her arm above arm level without significant pain. There was acromioclavicular joint tenderness to palpation, pain with cross body adduction, and lack of durable pain relief with a cortisone injection. There were intermittent paresthesias in the arm and pain with palpation of the thoracic outlet. The treating physician opined that subtle cases of brachial plexus injury present as pain only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, decompression, possible rotator cuff repair, Mumford procedure, open biceps tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Shoulder Chapter- Surgery for impingement syndrome.

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, Surgery for rotator cuff tear, Surgery for biceps tendon rupture, Partial claviclectomy.

Decision rationale: Under consideration is a request for right shoulder arthroscopy, decompression, possible rotator cuff repair, Mumford procedure, and open biceps tenodesis. The California MTUS guidelines do not address shoulder surgeries for chronic injuries. The Official Disability Guidelines provide criteria for partial claviclectomy that 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. Surgical indications for rotator cuff repair of partial thickness tears and impingement syndrome require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. The ODG state that consideration of biceps tenodesis should include evidence of an incomplete tear with associated subjective/objective clinical findings. Guideline criteria have not been met. There is no clear imaging evidence of acromioclavicular joint pathology, rotator cuff tear, or biceps pathology. Radiographs on October 3, 2013 documented adequate distal clavicle excision. There is no clear documentation of a positive acromioclavicular joint injection test. Therefore, this request is not medically necessary.

Referral for Consultation: 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)- Pain Chapter- Office visit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Under consideration is a request for referral for consultation, records indicate this is relative to electrodiagnostic testing. Given that the request for EMG and NCV of the right upper extremity is not medically necessary, this referral for consultation is also not medically necessary.

EMG (electromyography) of the Right Upper Extremity (RUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation OfODG, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213, Table 9-6.

Decision rationale: Under consideration is a request for EMG (electromyography) of the right upper extremity (RUE). The California MTUS states that EMG is not recommended as a part of a shoulder evaluation for usual diagnoses. Prior nerve conduction studies were reported as normal. There are no severe or progressive subjective or physical exam findings suggestive of a peripheral neuropathy or radiculopathy to support the medically necessary of repeat electrodiagnostic testing. There is normal upper extremity strength and pulses, and no documented positive provocative testing indicative of a nerve injury. Therefore, this is not medically necessary.

NCV (Nerve conduction velocities) of the Right Upper Extremity (RUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213, Table 9-6.

Decision rationale: Under consideration is a request for NCV of the right upper extremity. The California MTUS states that NCV is not recommended as a part of a shoulder evaluation for usual diagnoses. Prior nerve conduction studies were reported normal. There are no severe or progressive subjective or physical exam findings suggestive of a peripheral neuropathy or radiculopathy to support the medically necessary of repeat electrodiagnostic testing. There is normal upper extremity strength and pulses, and no documented positive provocative testing indicative of a nerve injury. Therefore, this request is not medically necessary.

Pre-operative medical clearance: 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: Given that the request for the right shoulder arthroscopy, decompression, possible rotator cuff repair, Mumford procedure, and open biceps tenodesis is not medically necessary, the request for pre-operative medical clearance is also not medically necessary.

Post-op physical therapy 2-3 times per week for 4-6 weeks: 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: Given that the request for right shoulder arthroscopy, decompression, possible rotator cuff repair, Mumford procedure, and open biceps tenodesis is not medically necessary, the request for post-op physical therapy 2-3 times per week for 4-6 weeks, is also not medically necessary.

Ultrasling: 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: Given that the request for right shoulder arthroscopy, decompression, possible rotator cuff repair, Mumford procedure, and open biceps tenodesis is not medically necessary, the request for Ultrasling is also not medically necessary.