

Case Number:	CM14-0036119		
Date Assigned:	06/23/2014	Date of Injury:	01/25/2005
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Hand Surgery, and is licensed to practice in Texas. 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 59 year old female who reported an injury on 01/25/2005. Prior treatments included chiropractic care for the neck, medications, and an injection into the right subacromial sub deltoid bursa. The mechanism of injury was the injured worker was looking for a cup in the top cupboard and when she pulled on the handles over her head the cabinet came toward her head. The cabinet hit the injured worker on the top of her head. The documentation of 12/23/2013 revealed the injured worker was having pain to some degree and had objective findings of rhomboid strength of +4/5. The documentation of 10/11/2013 revealed the injured worker had right shoulder pain. The injured worker was noted to have diffuse pain radiating from the shoulder proper into the trapezial region. The injured worker could not carry groceries or her purse on the right side. The injured worker was noted to have increased pain with forward flexion and abduction and pain on internal rotation more than external rotation. The injured worker indicated she propped her arm and her side when she slept. The injured worker could not work at or above shoulder level. The examination of the shoulder revealed right trapezial muscle tenderness and tension with splinting of the right shoulder. The right shoulder had normal muscular contours. It was indicated the injured worker was able to demonstrate a near full active range of motion with positive impingement signs at the near fullest extension on forward flexion, abduction, internal and external rotation. The injured worker had pain with attempted overhead pitching motion. On the resisted rotator cuff strength testing weakness was noted with the supraspinatus more than the infraspinatus. The treatment plan included an injection in the shoulder and a request was made for an MRI. The injured worker underwent an MRI of the shoulder on 10/07/2013 which revealed there was a moderate extensive partial tear at the lateral edges of the supraspinatus and infraspinatus tendons with adjacent fraying along the articular surface. There were paralabral cysts and an apparent tear of the anterior and inferior lips of the

glenoid labrum and adjacent remodeling of the bony labrum suggesting a Bankart-type injury. There was degenerative joint disease and capsular hypertrophy at the right acromioclavicular joint. The length of the partial tear of the rotator cuff was noted to be up to nearly 2 cm. Additionally, there was some black signal in some of the fibers of the supraspinatus suggesting there may be calcific tendonitis as well. The injured worker underwent an x-ray of the right shoulder complete 2-view which revealed no fracture or dislocation and mild AC joint osteoarthritis, as well as mild rotator cuff calcific tendinosis. The injured worker's diagnoses included right shoulder strain, right shoulder osteoarthritis, impingement syndrome right shoulder, and cervical spine strain. This request was previously denied, as there was no documentation of physical therapy or exercise to the shoulder. There was no evidence that surgery was superior to conservative care. Additionally, there was a lack of documentation of a benefit from the injection and lack of documentation of the actual range of motion.

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, partial AC joint resection, rotator cuff debridement vs repair with PRP and Matristem: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210; Occupational Medical Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/shoulder.htm>impingement surgery); Prochazka, 2001; Ejnisman-Cochrane, 2004; Grant, 2004; gartsman, 2004; Barfield, 2007; Hambly, 2007; Washington, 2002; South Med J. 2008 June:101(6):591-5;.

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), Knee & Leg Chapter, Platelet-rich plasma (PRP).

Decision rationale: The ACOEM Guidelines indicate surgical consultations may be appropriate for injured workers who had red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and short-term from surgical repair. The clinical documentation submitted for review indicated the injured worker had a large partial-tear. This would not respond to physical therapy. The injured worker had objective findings of impingement upon evaluation. The initial part of the surgery, the right shoulder arthroscopy, subacromial decompression, partial AC joint resection, and rotator cuff debridement would be supported. Additionally, the injured worker had conventional films showing posttraumatic changes of the AC joint. The Official Disability Guidelines indicate that platelet-rich plasma injections are under study. There was a lack of documentation to support the necessity for platelet-rich plasma. This portion of the request is not supported. As such, the request is not medically necessary.

On-Q pain pump, post-operatively: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Barber, 2002; Quick, 2003; Harvery, 2004; Cigna, 2005; Cho, 2007; Banerjee, 2008; Ciccone, 2008; Webb, 2007; Hansen, 2007; Busfield, 2008.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post-operative Physical Therapy of 2x6 for 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.