MAXIMUS Federal Services

Case Number:	CM14-0037465		
Date Assigned:	06/25/2014	Date of Injury:	08/25/2010
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

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 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:

The claimant is a 45-year-old male who suffered a vocational injury of his right shoulder on August 25, 2010 when he was pushing large, prepackaged insulation up the stairs. The claimant's current working diagnosis is right shoulder pain. The medical records provided for review document a past medical history of right shoulder arthroscopy; however, the date and name of the procedure were not provided. The report of x-rays of the right shoulder dated March 28, 2011, identified a type III acromion, adequate acromioclavicular joint space, and no signs of fracture, dislocation, subluxation or joint space narrowing. The report of an MRI of the upper extremity dated December 23, 2013, revealed a low grade partial thickness intrasubstance tear of the infraspinatus tendon in the footprint measuring 2 millimeters in AP dimension with possible focal tearing of the posterior portion of the labrum. Unfortunately, the laterally of the MRI was not evident in the documentation presented for review. The office note by [redacted] on April 14, 2014, noted complaints of neck pain radiating down both arms, the right greater than left, with numbness and paresthesias. The report documented that a cervical epidural steroid injection provided two months of relief. The claimant also complained that his right shoulder pain was moderate and radiated into the neck, shoulder, arm, elbow, hands, fingers, and upper back with symptoms of stabbing, weakness, catching, giving way, numbness, and tenderness. Examination was documented to show positive impingement sign, positive supraspinatus sign, negative apprehension test, negative acromioclavicular joint tenderness, positive crepitance, negative drop arm test, and a negative sulcus sign. There was no detectable anterior/posterior laxity, strength was 5/5 strength in the bilateral upper extremities, sensation was intact and active range of motion of the right shoulder was 115 degrees of flexion, 110 degrees of abduction with pain, 15 degrees of extension, 40 degrees of external rotation, 15 degrees of internal rotation with pain and 15 degrees of adduction. Reflexes were noted to be +2 bilateral upper extremities. It

was also documented that conservative care included a TENS unit, thirty-six sessions of physical therapy, injections of the right shoulder, elbow, and neck, massage unit, ultrasound unit, CPAP machine, acupuncture, chiropractic care and psychologic evaluation. This review is for the recommendation for arthroscopy of the right shoulder with extensive debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, right shoulder with extensive debridement, subacromial space scar tissue bands of right shoulder: Upheld

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

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) Shoulder chapter.

Decision rationale: Based on the California ACOEM Guidelines, the request for right shoulder arthroscopy and extensive debridement is not recommended as medically necessary. ACOEM Guidelines recommend imaging-confirmed diagnosis of the presenting shoulder complaints. The records contain an MRI report but do not identify the shoulder so it is not clear that the right shoulder has had recent diagnostic imaging to confirm pathology that would be correctable to surgical intervention. Documentation also suggests the claimant has had previous right shoulder arthroscopy, however, it is not noted when that procedure was performed, the name of the procedure or what the intraoperative findings were. Therefore, based on the documentation presented for review and the ACOEM Guidelines, the request for right shoulder arthroscopy with extensive debridement, subacromial space scar tissue excision of the right shoulder cannot be considered medically necessary.