

Case Number:	CM14-0039276		
Date Assigned:	08/01/2014	Date of Injury:	01/11/2013
Decision Date:	09/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/03/2014

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 patient is a 60 year old female who sustained an industrial injury on 1/11/2013. The medical records document the right shoulder has benefited and improved with conservative care. She is status post left shoulder arthroscopic rotator cuff surgery in April 2013. According to the 10/21/2013 report, the patient is permanent and stationary. She complains of right shoulder pain, constant 3/10, up to 7/10 at worst. She complains of left shoulder pain constant 3/10, and 8/10 at worst. She has resumed job duties, and is essentially performing all job functions. Objective factors of disability are restricted Range of Motion (ROM), normal motor strength of both shoulders, and intact sensory exam and reflexes. An MRI of the right shoulder completed on 2/14/2013 revealed the impression: Rotator cuff tendinopathy in particular supraspinatus and the upper-rostral margin of the subscapularis. Hypertrophic degenerative changes AC joint. Query degenerative fraying and/or tear anterior and posterior glenoid labrum as above. Arthrographic contrast would be of benefit to further evaluate pending need. According to injury management report dated 5/16/2014, the patient returns with exacerbation of pain of her right shoulder. She states that while driving, she went to change the AC in the truck, and had sudden sharp pain into the right shoulder. She takes Advil on as needed basis. On physical examination, she has acute pain over the right shoulder to palpation, forward flexion and abduction to 90 degrees with pain, positive drop arm sign, and equivocal empty can test, external rotation also elicits pain, and she has diffuse tenderness and soreness over the right trapezius. Assessment is right shoulder partial tendon tear. Plan is follow up with Dr. [REDACTED] for surgical intervention. She has attended 6 PT sessions, joint injection and NSAID therapy. She continues care with Dr. [REDACTED]. She is available for modified duty. The patient was seen for follow-up on 6/09/2014, regarding the right shoulder. On examination, she sits comfortably, in no acute distress. The ROM of the right shoulder is 160 degrees flexion, 120 degrees abduction, 70 degrees external rotation, and internal

rotation to back pocket. ROM elicits discomfort, + impingement signs, rotator cuff strength is 4/5 with pain, internal rotation strength 4+/5 and external rotation 5/5. Impression is right shoulder impingement, AC joint arthritis, MRI suggestive of partial rotator cuff tear. The patient was provided a cortisone injection to the right subacromial space. Follow-up scheduled in 2 months or re-evaluation.

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, distal clavicle resection, possible rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211 and table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter - Surgery for Impingement Syndrome and Indications for Surgery - Rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: According to the guidelines, referral for surgical intervention for shoulder complaints may be indicated for patients with limited activity for prolonged period, failure to improve Range of Motion (ROM) and strength with conservative measures such as exercise, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. Lesions of the rotator cuff are a continuum, from mild supraspinatus tendon degeneration to complete ruptures. Studies of normal subjects document the universal presence of degenerative changes and conditions, including full avulsions without symptoms. Conservative treatment has results similar to surgical treatment but without surgical risks. The guidelines state surgery is reserved for cases failing conservative therapy of at least 3 months duration. The guidelines recommend 3 to 6 months of conservative care. According to the guidelines, conservative care for treatment of rotator cuff syndrome, including cortisone injections, may be carried out for up to 6 months. The patient had apparently well to conservative care. Given the potential risk factors with surgery, it is not established that the patient would significantly improve more with surgery versus continued conservative care. It is noted that the patient underwent left shoulder surgery and continues with residual deficits. The medical records do not establish significant pain, loss of function and deficits on examination with failure of recent course of conservative with PT and repeat cortisone injection. The medical necessity of the proposed surgery has not been established at this time.

Surgery assistant: 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 med necessary, none of the associated services are medically necessary.

Cardiac 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Post-op physical therapy #12: 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 med necessary, none of the associated services are medically necessary.

Airplane sling: 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 med necessary, none of the associated services are medically necessary.