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| Case Number: | CM14-0042548 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 03/29/2012 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 Texas and Georgia. 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 53-year-old male who reported injury on 03/29/2012. The mechanism of injury was the injured worker was helping a coworker fix a jammed blade. After the machine was set up, the injured worker pushed paper into the machine and sustained a cut to the distal portion of his right ring finger. The injured worker underwent an MRI of the right shoulder on 01/15/2013. It revealed the injured worker had calcific tendonitis with a calcification measuring 1.2 by 1.1 by 0.4 cm inside. There was degenerative fraying along the bursal surface of the distal supraspinatus tendon with mild reactive edema in the adjacent subdeltoid bursa. There is mild atrophy of the teres minor muscle. There was an acromion type I. The AC joint was normal. The injured worker underwent a physical examination on 04/03/2013 which revealed the injured worker had been treated with an injection. The injured worker had a positive impingement test, Neer test, Hawkins test and empty can supraspinatus test that were positive on the right. The injured worker had tenderness to palpation over the anterior and lateral deltoid, acromioclavicular joint and anterior and lateral acromion on the right. The injured worker had decreased range of motion and internal rotation, external rotation, flexion and abduction. Diagnoses included right shoulder impingement syndrome with tendinitis/bursitis, right shoulder calcific tendinitis, right elbow lateral epicondylitis, right wrist de Quervain's tenosynovitis and right knee sprain/strain. The treatment plan included the injured worker's symptoms had not worsened and the injured worker was improving after the cortisone injection and there would be a continuation to watch the injured worker's symptoms conservatively; however, the recommendation was a consideration for right shoulder arthroscopy, subacromial decompression and excision of the calcific tendinitis. The subsequent documentation of 05/01/2013 revealed the injured worker continued to have complaints of right shoulder pain, weakness and limited range of motion. The injured worker indicated the cortisone injection given to the right shoulder was

very effective for a matter of weeks; however, his symptoms had returned and the injured worker wished to undergo surgical treatment. The treatment plan included the injured worker had failed physical therapy, activity modification, nonsteroidal anti-inflammatory medications and cortisone injections and had significant limitations and functional impairments in the right shoulder and right wrist. As such, the request was made for right shoulder arthroscopy, subacromial decompression and excision of calcific tendonitis.

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, Excision Calcific Tendonitis:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The ACOEM Guidelines indicate that a referral for surgical consultations may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus clear clinical and imaging evidence of a lesion that has been shown to benefit in both long and short term. There should be documentation of activity limitations, conservative care, including cortisone injections for at least 3 to 6 months before considering surgery for impingement. The MRI should have findings of impingement. The clinical documentation submitted for review indicated the injured worker had failed conservative care. There were objective findings upon physical examination. However, there was lack of documentation indicating the injured worker had impingement per MRI. As such, this portion of the request would not be supported. Therefore, the request in its entirety is denied. Given the above, the request for right shoulder arthroscopy, subacromial decompression, excision of calcific tendonitis is not medically necessary.