

Case Number:	CM14-0044767		
Date Assigned:	07/02/2014	Date of Injury:	10/12/2010
Decision Date:	10/14/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 43-year-old female was reportedly injured on October 12, 2010. The most recent progress note accompanying this request was dated March 21, 2014 and indicated that there were ongoing complaints of right shoulder pain and limited motion. The physical examination demonstrated a forward elevation 150 and external rotation to 60. Pain was present at the points of motion with positive impingement signs. Neurovascular status was intact. Ligaments were grossly stable and the cuff appeared to be of normal strength. Diagnostic imaging studies have included MRIs of the right shoulder in February 2012, which revealed the possibility of morphology that could contribute to impingement syndrome, including a lateral acromial down sloping, subacromial enthesophyte formation with thickening of the coracoacromial ligament, and a type 2 acromial undersurface curvature. There was no evidence of a rotator cuff tear and a normal biceps-labral complex was reported. The claimant underwent injections, pharmacotherapy, and physical therapy, and ultimately underwent a right shoulder arthroscopy with extensive debridement of a slap tear and a partial subscapularis tear, and subacromial decompression on August 2, 2012. On March 20, 2013 the claimant also underwent a right shoulder arthroscopy with arthroscopic resection and lysis of adhesions with capsular release, total synovectomy, and manipulation under anesthesia. Additional diagnostic studies included an MRI of the right elbow and the right wrist. At the time of the original request for authorization for arthroscopic right subacromial decompression and debridement, there was no new postoperative MRI available to substantiate the medical necessity of the proposed revision subacromial decompression and debridement. At the time of this review, a new right shoulder MRI was available, dated June 23, 2014, revealing a clinical diagnosis of tendinitis, MRI findings of no joint effusion or fluid in the subacromial bursa. No evidence of a rotator cuff tear. There was evidence that the claimant has undergone an anterior acromioplasty since the

prior MRI with a notation that the degree of AC joint arthropathy was minor and without progression. The acromial contour noted was a type I, with a flat undersurface orientation. The glenohumeral joint, labrum, and biceps appeared to be intact and anatomic. No significant labral tear was seen, and there was no other abnormality noted. A request had been made for arthroscopic right subacromial decompression and debridement and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic right subacromial decompression and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204 and 209, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) (updated 08/27/14) surgery for impingement syndrome

Decision rationale: The request submitted is for an arthroscopic right subacromial decompression and debridement for a diagnosis of recurrent impingement. The guidelines support arthroscopic decompression (acromioplasty) in select clinical settings where conservative care, including cortisone injections have been carried out for 3 to 6 months prior to consideration of surgery, noting that this diagnosis is on a continuum with other rotator cuff conditions. However, in this case, surgical intervention has been provided, not once but twice arthroscopically. Despite these 2 arthroscopic surgical procedures, the claimant continues to have pain and limitation. A repeat subacromial decompression and debridement were being recommended. However, the medical record fails to provide documentation to support the diagnosis for which a third shoulder arthroscopy is being considered. An MRI of the right shoulder, obtained subsequent to the recommendation for non-certification, also fails to reveal findings that would support the diagnosis or the indication for another subacromial decompression and debridement, as there is no evidence of rotator cuff pathology. There is a type I acromial contour, and there is no evidence of the subacromial bursitis, and the labrum and biceps are intact and anatomic. When considering the clinical presentation, the surgical history, the recommended surgical procedure, and the MRI findings from June 2014, the clinical documentation fails to substantiate the necessity of this procedure. As such, the requested procedure is considered not medically necessary.