

Case Number:	CM14-0047288		
Date Assigned:	07/02/2014	Date of Injury:	09/29/2011
Decision Date:	11/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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:

According to the records made available for review, this is a 40-year-old female with a 9/29/11 date of injury. At the time (1/14/14) of request for authorization for Right shoulder arthroscopy, subacromial decompression, possible anterior capsulorrhaphy, possible SLAP repair, possible open biceps tenodesis, excision distal clavicle; stable abduction sling; and continues flow cryotherapy unit, cryotherapy bladder, there is documentation of subjective (right shoulder pain) and objective (tenderness over the anterior and posterior cervical triangles, positive painful arc with forward flexion, positive impingement sign, and positive apprehension sign) findings, imaging findings (reported MRI of the right shoulder (12/19/12) revealed down-sloping of the acromion with suspected subtle tendinosis of the supraspinatus tendon anterior fibers; report not available for review), current diagnoses (chronic right shoulder pain, right shoulder instability, and right shoulder impingement syndrome), and treatment to date (medications, cortisone injections, and physical therapy). Regarding subacromial decompression, there is no documentation of an imaging report showing positive evidence of deficit in rotator cuff.

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, possible anterior capsulorrhaphy, possible SLAP repair, possible open biceps tenodesis, excision distal clavicle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Subacromial Decompression and Manipulation Under Anesthesia

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of chronic right shoulder pain, right shoulder instability, and right shoulder impingement syndrome. In addition, there is documentation of failure of conservative treatment (medications, cortisone injection, and physical therapy). Furthermore, there is documentation of pain with active arc motion and positive impingement sign. However, despite documentation of the medical reports' reported imaging findings (down-sloping of the acromion with suspected subtle tendinosis of the supraspinatus tendon anterior fibers), there is no documentation of an imaging report showing positive evidence of deficit in rotator cuff. Therefore, based on guidelines and a review of the evidence, the request for Right shoulder arthroscopy, subacromial decompression, possible anterior capsulorrhaphy, possible SLAP repair, possible open biceps tenodesis, and excision distal clavicle is not medically necessary

Stable abduction sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Stable abduction sling is not medically necessary

Continues flow cryotherapy unit, cryotherapy bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Stable abduction sling is not medically necessary