MAXIMUS Federal Services

Case Number:	CM14-0055153		
Date Assigned:	07/07/2014	Date of Injury:	01/17/2014
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/24/2014

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 46-year-old female who sustained a vocational injury while working as a cake decorator on January 17, 2014 due to repetitive trauma. The medical records provided for review include the office note dated March 19, 2014 documenting a diagnosis of impingement syndrome and partial tear of the rotator cuff noting persistent right sided shoulder pain, despite physical therapy, medications, activity modification, rest and an injection of cortisone. Examination of the right shoulder showed muscle asymmetry, tenderness along the acromioclavicular joint and the anterior rotator cuff. Range of motion demonstrated forward flexion to 160 degrees, abduction to 160 degrees, external rotation to 60 degrees, internal rotation to 30 degrees and strength was 4/5 in all rotator cuff groups. Impingement signs, Hawkins and Neer testing were all positive. X-rays of the right shoulder from January 27, 2014 showed moderate subacromial bursa effusion and normal boney structures. The report of an MRI of the right shoulder from March 12, 2014 showed no significant interval change since the previous study of August 29, 2011. No rotator cuff tear was identified. There were mild degenerative changes of the acromioclavicular joint with no subacromial bursitis. This review is for right shoulder arthroscopic debridement and synovectomy, subacromial decompression, evaluation of rotator cuff and possible repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic debridement and synovectomy, subacromial decompression, evaluation of the rotator cuff and possible repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Surgery for impingement syndromeOfficial Disability Guidelines- Indications for surgery- Acromioplasty Official Disability Guidelines-Shoulder Chapter, Surgery for rotator cuff repair section Official Disability Guidelines- Indications for surgery- rotator cuff repair.

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

Decision rationale: The request for right shoulder arthroscopic debridement and synovectomy, subacromial decompression, evaluation of rotator cuff and possible repair is not medically necessary and appropriate. California ACOEM Guidelines recommend there should be a minimum of three to six months of documented continuous conservative treatment prior to recommending and proceeding with surgical intervention. Currently there is no diagnosis of rotator cuff pathology on the most recent MRI available for review and ACOEM Guidelines only recommend surgical intervention in the setting of a full thickness rotator cuff tear. The most recent documentation available for review was just over two months post injury and therefore the claimant would not meet the minimum requirement of three to six months of continuous conservative treatment prior to considering and recommending surgical intervention. Therefore, based on the documentation presented for review and in accordance with California MTUS and ACOEM Guidelines, the request for right shoulder arthroscopic debridement and synovectomy, subacromial decompression, evaluation of the rotator cuff and possible repair surgical intervention cannot be considered medically necessary.

Pre-op clearance with labs of CBC, SMA-7, and HCG for the right shoulder surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultation, page 127.

Decision rationale: The request for right shoulder arthroscopic debridement and synovectomy, subacromial decompression, evaluation of the rotator cuff and possible repair surgical intervention cannot be considered medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.

Post-op PT 2-3 times a week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for right shoulder arthroscopic debridement and synovectomy, subacromial decompression, evaluation of the rotator cuff and possible repair surgical intervention cannot be considered medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.