

Case Number:	CM14-0061727		
Date Assigned:	07/09/2014	Date of Injury:	01/01/2000
Decision Date:	08/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This 49-year-old male sustained an industrial injury on 1/1/00, relative to repetitive job duties. Past medical history was positive for cardiac surgery and essential hypertension. The patient underwent left shoulder arthroscopy, mini-open rotator cuff repair, biceps tenodesis, subacromial decompression and distal clavicle resection on 7/24/13, followed by post-operative physical therapy. The 2/4/14 physical therapy report noted good progress with rotator cuff strengthening and range of motion on the left shoulder, with complaints turning towards his right shoulder. The 3/20/14 treating physician report cited improving left shoulder pain, and continued grade 5-8/10 right shoulder pain. Right shoulder exam documented crepitation/popping, biceps and acromioclavicular (AC) joint tenderness, positive Hawkin's and Neer's impingement tests, no gross instability, and normal strength. Range of motion testing documented flexion 140, abduction 90, external rotation 90, internal rotation 10, adduction 40, and extension 50 degrees. A right shoulder MRI on 8/1/12 was reported. Findings included moderate supraspinatus tendinopathy with moderate sized partial tear, and possible small thickness component. There was moderate AC osteoarthritis and subacromial spurring with moderate narrowing of the acromial outlet. There was possible subacromial/subdeltoid bursitis and mild glenohumeral osteoarthritis. The treatment plan recommended another 12 physical therapy visits to improve on motion and strength. Right shoulder arthroscopy with debridement, subacromial decompression, distal clavicle resection, and biceps tenodesis was recommended. The 4/3/14 utilization review denied the request for right shoulder surgery and associated pre-operative services based on an absence of conservative treatment, including injections and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder arthroscopy with debridement, subacromial decompression, distal clavicle resection and biceps tenodesis: Upheld

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

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

Decision rationale: The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For patients presenting with impingement syndrome, conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Guideline criteria have not been met. There is no detailed documentation that recent guideline-recommended conservative treatment directed to the right shoulder, including steroid injections and physical therapy, had been tried and failed. Physical therapy had been approved for 12 additional visits, although this did not appear to be directed to the right shoulder. Therefore, this request for right shoulder arthroscopy with debridement, subacromial decompression, distal clavicle resection and biceps tenodesis.

One pre-operative medical 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: As the request for right shoulder surgery is not medically necessary, the associated request for pre-operative medical clearance is also not medically necessary.

One pre-operative 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: As the request for right shoulder surgery is not medically necessary, the associated request for pre-operative cardiac clearance is also not medically necessary.