

Case Number:	CM14-0069419		
Date Assigned:	07/14/2014	Date of Injury:	01/18/2013
Decision Date:	08/13/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/14/2014

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 patient is a 53-year-old female who sustained an industrial injury on 1/18/2013. The patient underwent a panel qualified medical evaluation (QME) on 12/17/2013. She was provided to the diagnoses of cervical strain with non-verifiable radiculopathy to the right arm; impingement syndrome, bilateral shoulders; bicipital tendinitis, bilateral shoulders; status post carpal tunnel release on the right; and symptoms of carpal tunnel syndrome on the left. She has not reached maximum medical improvement. The QME physician provided treatment recommendations for the right shoulder for further injections of cortisone to the right shoulder and left shoulder as well. If she fails to respond to cortisone injection, then she would benefit from arthroscopic decompression of the right shoulder. It was noted that the patient had been recommended for a cortisone injection to the right shoulder. However, there was limited indication that she had had a recent cortisone injection and had not responded well to support the need for surgery. There was no medical report from the treating physician reflecting the patient's current clinical and functional deficits. The patient underwent left CTR on 2/25/2014. The patient had an orthopedic/surgical follow-up examination on 3/5/2014, at which time she reported she was much improved as result of left CTR surgery. The physical examination of the right shoulder revealed tenderness to palpation over the acromioclavicular joint and over the anterolateral border of the acromion, and positive Neer test, Hawkin's test and Impingement test. The diagnostic impressions are bilateral carpal tunnel release; right shoulder impingement syndrome with tendinitis/bursitis; and right shoulder acromioclavicular arthrosis. Attempts to remove her sutures was premature, and caused the wound to dehiscence a little bit, steri-strips were applied, and the patient was to return the following week for suture removal. The treatment plan included recommendation to proceed with right shoulder surgery. The patient was seen for pain management follow-up on 3/26/2014, at which time she reported having some irritation in the

left wrist area, since undergoing left CTR surgery. The physical examination of the shoulders revealed full and symmetrical range of motion of the shoulders bilaterally, pain at end range of motion, positive Neer's sign and Hawkin's impingement sign on the right. The patient was encouraged to start therapy as scheduled. Her shoulder was bothersome, she was encouraged to continue stretches and exercises for the rotator cuff for what appears to be an initial infection in the wrist incision. She was provided Keflex 500 mg for 7 days, medications were also refilled.

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 and possible Mumford procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment of Workers' Compensation, Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for impingement syndrome & Partial claviclectomy (Mumford procedure).

Decision rationale: According to the guidelines, referral for surgical intervention for shoulder complaints may be indicated for patients with limited activity for prolonged period, failure to improve range of motion and strength with conservative measures such as exercise, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The guidelines also state surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. In the case of this patient, the Panel QME specifically recommended the patient undergo additional cortisone injection to the right shoulder, and evaluate her response in order to determine if shoulder decompression is indicated. However, the medical records do not reflect a cortisone injection has been provided recently. In addition, recent examination on 3/26/2014 revealed normal range of motion of the shoulders and strength deficits are not apparent. In the absence of clear exhaustion of conservative measures, including recent cortisone injection with documented response, and clear evidence of functional deficits on examination, as well as correlative findings of a surgical lesion on diagnostic imaging studies, the medical necessity of surgical intervention has not been established.

Assistant surgeon: 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 Official Disability Guidelines (ODG) Low Back, Assistant Surgeon.

Decision rationale: The medical records do not establish the proposed right shoulder is indicated and medically necessary. Consequently, per-operative requests are also not medically necessary.

Post-operative Physical Therapy 3 times a week for 4 weeks (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 Page(s): 27.

Decision rationale: The medical records do not establish the proposed right shoulder is indicated and medically necessary. Consequently, post-operative requests are also not medically necessary.

Shoulder Sling: 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 Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

Decision rationale: The medical records do not establish the proposed right shoulder is indicated and medically necessary. Consequently, post-operative durable medical equipment requests are also not medically necessary.