

Case Number:	CM14-0072516		
Date Assigned:	07/16/2014	Date of Injury:	04/26/2012
Decision Date:	08/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas. 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 injured worker is a 37-year-old female who reported an injury on 04/26/2012. The mechanism of injury was that the injured worker was lifting, pushing and pulling a 300 pound box of freight and felt a pulling sensation in the shoulder. The injured worker underwent a right shoulder arthroscopy, acromioplasty and debridement of a partial thickness rotator cuff tear on 02/01/2013. Other therapies included physical therapy. The documentation of 03/04/2014 revealed that the injured worker had prior treatments included an injection and therapy. The injured worker was noted to have significant pinching in the right shoulder with limitation of motion. It was indicated that the injured worker felt that she had stopped making progress. The objective examination revealed that resisted abduction strength was 4/5, and external rotation strength was 4/5. The injured worker had 120 degrees of abduction and 120 degrees of forward flexion. The diagnoses included frozen right shoulder, right shoulder recurrent impingement syndrome, right shoulder rule out internal derangement and status post arthroscopy. The treatment plan included a right shoulder arthroscopy, subacromial decompression and AC joint resection as well as VascuTherm postoperatively for cold therapy with DVT prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial Decompression, AC Joint Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The CA MTUS/ACOEM Guidelines indicate that surgical consultations for the shoulder may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, a failure to increase range of motion and strength of the musculature around the shoulder even after an exercise program and who have 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 clinical documentation submitted for review failed to indicate that the injured worker had imaging evidence of a lesion. There was a lack of documentation of imaging evidence to support the necessity for a surgical intervention. Additionally, the request as submitted failed to provide documentation of the laterality for the surgical intervention. Given the above, the request for a subacromial decompression and AC resection is not medically necessary.

Repeat Right Shoulder Arthroscopy: Upheld

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

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

Decision rationale: The CA MTUS/ACOEM Guidelines indicate that surgical consultations for the shoulder may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, a failure to increase range of motion and strength of the musculature around the shoulder even after an exercise program and who have 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 clinical documentation submitted for review failed to indicate that the injured worker had imaging evidence of a lesion. There was a lack of documentation of imaging evidence to support the necessity for a surgical intervention. Additionally, the request as submitted failed to provide documentation of the laterality for the surgical intervention. Given the above, the request for a subacromial decompression and AC resection is not medically necessary.