

Case Number:	CM14-0085689		
Date Assigned:	07/23/2014	Date of Injury:	10/09/2013
Decision Date:	08/27/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 51-year-old, female who sustained a vocational injury on 10/09/13 following repetitive trauma. The claimant's current working diagnosis includes rule out cervical radiculopathy right upper extremity with evidence of moderate bilateral C4-5 neural foraminal stenosis and moderate left C5-6 neural foraminal stenosis, Stage III impingement right shoulder without evidence of gross rotator cuff repair, history of rotator cuff repair of the left shoulder. The report of the 06/30/14 office visit noted persistent discomfort in the right shoulder that had been going on for about a year. Examination revealed tenderness throughout the cervical paraspinal musculature. Active forward flexion was 140 degrees, abduction was 130 degrees, external rotation was to 50 degrees with compensatory posturing, stiffness and discomfort in the upper extremities with positive impingement signs noted to be present with neurovascular status being grossly intact to the right upper extremity and hand. The report of an MRI of the cervical spine dated 12/09/13 showed multilevel degenerative changes with reversal of the normal lordosis resulting in effacement of the ventral cervical spinal fluid without cord signal abnormality. There was moderate left C5-6 and mild/moderate C4-5 neural foraminal narrowing noted. The report of an MRI of the right shoulder dated 01/14/14 identified degenerative changes at the acromioclavicular joint, down sloping of the acromion abutting on the superior aspect of the supraspinatus tendon, a small amount of fluid noted in the subacromial bursa, compatible with mild bursitis, mildly increased signal, increased fluid of the distal supraspinatus tendon, consistent with tendinosis, and maybe seen in the spectrum of shoulder impingement. There was no evidence of rotator cuff tear or atrophy of the rotator cuff muscles. There was a bony glenoid process and a glenoid labrum which were unremarkable. There are a few small subcortical cysts noted in the humeral head which probably are due to physiologic internal impingement. EMG/nerve conduction studies were performed on 01/17/14 and showed

electrical diagnostic evidence of right median neuropathy with moderate sensory showing across the wrist and no evidence of right cervical radiculopathy. The current request is for a right shoulder arthroscopic subacromial decompression, synovectomy, and rotator cuff repair with debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopic Subacromial Decompression Synovectomy & Rotator Cuff Repair with Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Surgery for Rotator Cuff repair (Gartsman, 2004).

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

Decision rationale: California ACOEM Guidelines do not recommend the request for right shoulder arthroscopic, subacromial decompression, synovectomy, and rotator cuff repair with debridement as medically necessary. The ACOEM Guidelines suggest that there should be continued conservative treatment for a period of three to six months in the setting of a non-full thickness rotator cuff tear prior to considering surgical intervention for impingement and partial rotator cuff tears. Currently there is a lack of documentation that the claimant has attempted, failed, exhausted conservative treatment prior to considering and recommending surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines the request for the right shoulder arthroscopic, subacromial decompression, synovectomy, and rotator cuff repair with debridement cannot be considered medically necessary.

Physical Therapy- Post Op Aquatic Therapy 2x week for x3weeks Right Shoulder qty 6: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.