

Case Number:	CM14-0093733		
Date Assigned:	07/25/2014	Date of Injury:	01/14/2009
Decision Date:	08/28/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/20/2014

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 Orthopaedic 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 50-year-old male carpenter sustained an industrial injury on 1/14/09, relative to a fall from a 12-foot scaffold. He sustained a nose fracture and injuries to the right upper extremity and leg. The patient was diagnosed with right shoulder impingement syndrome and rotator cuff pathology. He underwent right shoulder arthroscopy with debridement of the posterior labrum, synovectomy, decompression and bursectomy on 1/26/12. The 3/26/12 electrodiagnostic testing documented findings consistent with bilateral median axial neuropathy and right C5 radiculopathy. The 5/22/12 right shoulder MRI impression documented a full thickness tear of the supraspinatus tendon. The patient underwent right shoulder manipulation under anesthesia on 10/5/12. Conservative treatment included multiple platelet-rich plasma injections to the neck, back, and shoulders. The 10/24/13 right shoulder x-rays were reported normal. The 3/6/14 treating physician report cited unchanged intermittent activity-dependent right shoulder pain. Right shoulder exam documented abduction 120, forward flexion 120, extension 30, adduction 20, and internal/external rotation 70 degrees. Crepitus was noted with active and passive range of motion. There was tenderness over the coracoacromial arch and biceps tendon. There was rotator cuff weakness. Hawkin's, Neer's, and Jobe's tests were positive. The diagnosis included right shoulder scapulothoracic dyskinesia, stiffness and rotator cuff tear. The treatment plan recommended additional physical therapy. The 4/17/14 treating physician report cited complaints of neck and right shoulder, elbow, and wrist pain. Right shoulder exam was unchanged. A 5/9/14 request was submitted for right shoulder arthroscopy with subacromial decompression, rotator cuff repair and possible biceps tenodesis. The 5/19/14 utilization review denied the right shoulder arthroscopy and associated requests as there as there was no official MRI report available, exam findings were not specific and a prosthetic implant code was not documented as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205,213.

Decision rationale: As the request for right shoulder arthroscopic surgery is not medically necessary, the associated request for right shoulder sling is also not medically necessary.

Right shoulder Arthroscopy with Subacromial Decompression, Rotator Cuff Repair and Possible Biceps Tenodesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211, 214. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Indications for Surgery.

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

Decision rationale: The California MTUS 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. Guidelines state that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Surgery is reserved for cases failing conservative treatment for three months. For impingement syndrome, guidelines recommended conservative care, including steroid injections, for 3 to 6 months prior to surgery. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. A recent MRI was requested with no indication of findings. Therefore, this request for right shoulder arthroscopy with subacromial decompression, rotator cuff repair and possible biceps tenodesis is not medically necessary.

Post-operative Physical Therapy 3xwk x 4 wks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: As the request for right shoulder arthroscopic surgery is not medically necessary, the associated request for post-operative physical therapy 3x4 for the right shoulder is also not medically necessary.