

Case Number:	CM14-0179030		
Date Assigned:	11/21/2014	Date of Injury:	04/23/2014
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 Minnesota. 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 47 year old female with a history of industrial injury to the right shoulder and lower back on 04/23/2014 while trying to retrieve a box from the upper shelf of a freezer. She was up on a ladder 3 steps high trying to hold on to the box when the ladder slipped. She hung on to the rack with the right hand and was rescued by a co-worker. She developed right shoulder and low back pain. The shoulder progressively worsened and she developed marked stiffness and severe pain despite physical therapy. MRI of the shoulder revealed a partial thickness rotator cuff tear measuring 8 x 6 mm associated with subacromial and subdeltoid bursitis. She was evaluated by an orthopedic surgeon on 7/21/2014 and at that time was complaining of bilateral shoulder pain and back pain. There was marked limitation of motion in the right shoulder with 30 degrees of abduction and 30 degrees of flexion. Pain level was 6/10. Generalized tenderness was documented. Trophic changes were present in the hand, wrist, and forearm with dusky discoloration. The impression was Rule out reflex sympathetic dystrophy. An MR arthrogram and a bone scan were requested. The documentation does not indicate if they were performed. The last note is dated 8/4/2014 and indicates 8/10 pain in the right shoulder and lower back. Right shoulder arthroscopy with rotator cuff repair was requested along with pre-operative clearance.. The bone scan was again requested. The disputed issues pertain to the request for right shoulder arthroscopic surgery in the presence of reflex sympathetic dystrophy or complex regional pain syndrome. The workup and treatment of the frozen shoulder and reflex sympathetic dystrophy was not complete and surgery can have devastating consequences in the presence of RSD. The request was therefore non-certified by Utilization Review and the appeal was also denied. The documentation does not include the results of the three phase bone scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic surgery, to repair partial tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) , Shoulder (updated 08/27/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Page(s): 36.

Decision rationale: The documentation submitted, particularly the orthopedic notes of 7/21/2014 indicate the presence of trophic changes with dusky discoloration of the right hand, wrist, and forearm associated with generalized tenderness. The diagnosis of reflex sympathetic dystrophy or complex regional pain syndrome 1 was made and a 3 phase bone scan requested for confirmation. The subsequent note of 8/4/2014 indicates continuing severe pain. However, the bone scan results were not documented. CRPS is initiated by a noxious event such as trauma or surgery. Surgery is contraindicated in the presence of this diagnosis and the complications can be severe. There is no indication that the work-up is completed or appropriate treatment for CRPS has been started. Surgery for rotator cuff tear is indicated in the absence of contraindications after a firm diagnosis has been made and rehabilitation efforts have been exhausted. The request for arthroscopy of the shoulder with rotator cuff repair was therefore not medically necessary.

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex regional pain syndrome Page(s): 36.

Decision rationale: The surgery as requested was not medically necessary. Therefore the preoperative medical clearance was also not medically necessary.