

Case Number:	CM14-0186649		
Date Assigned:	11/14/2014	Date of Injury:	08/25/2012
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Surgeon 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:

According to the records made available for review, this is a 45-year-old female with an 8/25/12 date of injury. At the time (10/7/14) of request for authorization for subacromial decompression of right shoulder, there is documentation of subjective (moderate right shoulder pain radiating to right arm) and objective (tenderness over anterior superior region of right shoulder; right shoulder flexion of 160 degrees, external rotation of 60 degrees, internal rotation of 60 degrees, and abduction of 160 degrees; and positive Neer's as well as Hawkin's sign) findings, imaging findings (Ultrasound of bilateral shoulder (4/1/14) report revealed inflammation and rotator cuff tendinitis; and X-ray of shoulder (2/18/14) revealed normal results), current diagnoses (shoulder/upper arm strain and right shoulder impingement), and treatment to date (physical therapy, subacromial Depo-Medrol injection on 6/14/14, and medications). There is no documentation of subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night; temporary relief of pain with anesthetic injection (diagnostic injection test); and imaging clinical findings (showing positive evidence of deficit in rotator cuff).

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial Decompression of Right Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pages 209-211 Official Disability Guidelines (ODG) Shoulder Chapter, Subacromial Decompression and Manipulation under Anesthesia

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of shoulder/upper arm strain and right shoulder impingement. In addition, there is documentation of failure to increase range of motion of shoulder; and failing conservative therapy for three months including cortisone injections. Furthermore, given documentation of objective (tenderness over anterior superior region of right shoulder, right shoulder abduction of 160 degrees, and positive neer's as well as hawkin's sign) findings, there is documentation of objective clinical findings: weak abduction; tenderness over anterior acromial area; and positive impingement sign. However, despite documentation of subjective (moderate right shoulder pain) findings, there is no (clear) documentation of subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night. In addition, there is no documentation of temporary relief of pain with anesthetic injection (diagnostic injection test). Furthermore, there is no documentation of imaging clinical findings: positive evidence of deficit in rotator cuff. Therefore, based on guidelines and a review of the evidence, the request for subacromial Decompression of Right Shoulder is not medically necessary.