

Case Number:	CM14-0194763		
Date Assigned:	12/02/2014	Date of Injury:	09/19/2012
Decision Date:	01/14/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/20/2014

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 Orthopedic Surgery, has a subspecialty in Hand 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 50-year-old female who reported an injury due to a twisting motion on 09/19/2012. On 07/31/2014, her diagnoses included sprain/strain of the right thumb with trigger finger, sprain/strain of the right shoulder, diabetes mellitus and rule out rotator cuff tear of the right shoulder. She had received 2 corticosteroid injections to the right shoulder and had undergone 16 visits of physical therapy. Her complaints included pain of the entire right upper extremity from the shoulder to the thumb. On two separate clinical examinations, it was noted that her subjective symptoms exceeded her objective physical examination findings. A review of the MRI of the right shoulder was "non-impressive". It was noted that additional diagnostic testing or corticosteroid injections were not indicated. She was not considered a surgical candidate. An MRI, dated 05/14/2014, revealed no evidence of rotator cuff tendinopathy or tear, possible bursitis of the acromion, mild osteoarthritis of the AC joint, no evidence of tear or degeneration of the biceps tendon or labrum, and mild arthropathy of the glenohumeral joint. A right shoulder x-ray revealed soft tissue injury and degenerative joint disease. On 07/08/2014, she had positive AC tenderness test, supraspinatus tenderness test, impingement sign, and adduction test of the right shoulder. The examining physician was concerned for symptom magnification due to the diffuse nature of her symptoms. This practitioner also considered her not to be a surgical candidate. On 09/16/2014, it was noted that she had made slight gains in right shoulder strength and range of motion with physical therapy. The recommendation was for continued physical therapy and acupuncture. In an orthopedic consultation on 10/01/2014, the clinical impression was right shoulder impingement syndrome with AC arthrosis/failed conservative management including physical therapy and subacromial injections. A recommendation was made for a right shoulder arthroscopy with subacromial decompression and

excision of the distal clavicle. There was no Request for Authorization form included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with subacromial decompression and excision distal clavicle:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

Decision rationale: The request for Right shoulder arthroscopy with subacromial decompression and excision distal clavicle is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation may be indicated for patients who have red flag conditions, including acute rotator cuff tear in a young worker or a glenohumeral joint dislocation, activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There was no documentation submitted regarding the results of her objective decrease in pain or increase in functional abilities with the most recent physical therapy. There was no evidence that the recommendation for acupuncture had been authorized. Her MRI revealed no lesion or tear that would benefit from surgical intervention. The need for the requested surgery was not clearly demonstrated in the submitted documentation. Therefore, this request for Right shoulder arthroscopy with subacromial decompression and excision distal clavicle is not medically necessary.

Associated surgical service: P.A. assist: 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.

Associated surgical service: pre-operative clearance which includes history and physical:
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.

Associated surgical service: EKG: 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.

Associated surgical service: Labs: 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.

Associated surgical service: post-operative physical therapy 2 times a week for 6 weeks; 12 visits: 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.