

Case Number:	CM15-0016167		
Date Assigned:	02/04/2015	Date of Injury:	05/15/2014
Decision Date:	04/07/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 37 year old female, who sustained an industrial injury on May 15, 2014, from lifting 35 pounds of fruit. She reportedly felt a pull and pop in the anterior aspect of the shoulder. She also complained of neck pain going down the arm and had pain in the elbow and wrist and numbness in the medial forearm. The diagnosis is impingement syndrome with partial thickness tear of the subscapularis tendon. There is also evidence of cervical radiculopathy. Treatment to date has included injections, physical therapy, and medications. 6 PT visits have been submitted. Currently, the injured worker complains of persisting right shoulder symptoms. The Treating Physician's report dated December 15, 2014, noted the right shoulder motion was within normal limits, with the impingement and relocation signs positive. Strength was also normal. Biceps was negative. Diagnostic testing has included an MRI scan and MR Arthrogram. The radiology reports are not submitted. Progress notes indicate a partial thickness rotator cuff tear and down sloping of the acromion. The Physician noted the injured worker had clearly failed conservative management and was recommending right shoulder arthroscopy with subacromial decompression. On December 31, 2014, Utilization Review non-certified a right shoulder arthroscopy with subacromial decompression, a surgical assistant (Registered nurse), one electrocardiogram, and pre-operative laboratory work (CBC, Basic metabolic Panel), noting the injured worker did not have objective findings for which the surgery would be considered and did not have subjective clinical findings for which surgery would be supported, and as the medical necessity for the surgery was not established the medical necessity for the surgical assistant, electrocardiogram, and pre-operative laboratory work was also not established. The

MTUS ACOEM Guidelines and the Official Disability Guidelines (ODG) were cited. On January 28, 2015, the injured worker submitted an application for IMR for review of a right shoulder arthroscopy with subacromial decompression, a surgical assistant (Registered nurse), one electrocardiogram, and pre-operative laboratory work (CBC, Basic metabolic Panel).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Arthroscopy with Subacromial Decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Shoulder, Topic: Surgery for impingement Syndrome.

Decision rationale: California MTUS guidelines indicate surgical considerations for patients who have activity limitation for more than 4 months plus existence of a surgical lesion, and 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. The injured worker has evidence of impingement syndrome of the right shoulder with a partial thickness rotator cuff tear. There is full range of motion and strength in the shoulder documented. The guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. The procedure is not indicated for patients with mild symptoms on those will have no activity limitations. Conservative care, including cortisone injections can be carried out for at least 3-6 months before considering surgery. The documentation submitted indicates 6 physical therapy visits from 9/19/2014 through 10/1/2014. At least 1 corticosteroid injection with temporary relief is documented. In addition, the injured worker has a history of neck pain with radiation down the right upper extremity associated with hypoesthesia in the C8 distribution. She has medial and lateral epicondylitis of the ipsilateral elbow. A cervical MRI scan was recommended but the report has not been submitted. ODG criteria for surgery include conservative care for 3-6 months, subjective clinical findings of pain with active arc of motion 90-130 and pain at night plus weak or absent abduction and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection plus imaging clinical findings. The radiology reports have not been submitted. The clinical examination does not meet the ODG criteria for surgery. There is no weakness of abduction documented or tenderness over the rotator cuff or anterior acromial area. As such, the surgical criteria have not been met, and the request for arthroscopy with subacromial decompression is not supported and the medical necessity is not established.

Surgical Assistant (Registered Nurse): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians as Assistant at Surgery; 2013 study

Arthroscopy, shoulder, surgical; with lysis and resection of adhesion, with or without manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for a Surgical Assistant is also not medically necessary.

1 Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Workers' Compensation, Treatment Index, 11th Edition (web), 2014, Low Back per-operative testing, general.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for a preoperative electrocardiogram is also not medically necessary.

1Pre-operative Laboratory work (CBC, Basic Metabolic Panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Workers' Compensation, Treatment Index, 11th Edition (web), 2014, Low Back per-operative testing, general.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for preoperative labs, CBC, and Basic Metabolic Panel is also not medically necessary.