

Case Number:	CM15-0016244		
Date Assigned:	02/04/2015	Date of Injury:	09/13/2013
Decision Date:	05/01/2015	UR Denial Date:	01/16/2015
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: California
 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 54-year-old male who reported an injury on 09/13/2013. The mechanism of injury was not stated. The current diagnoses include bilateral subacromial bursitis and bilateral AC joint arthritis. The injured worker presented on 12/30/2014 for a followup evaluation with complaints of bilateral shoulder pain. It was noted that the injured worker was status post bilateral shoulder injection without relief of symptoms. Additional conservative treatment includes medication management and physical therapy. Upon examination of the left shoulder, there was 100 degree forward flexion, 80 degree adduction, internal rotation to the greater trochanter area, external rotation to 20 degrees, AC joint tenderness, positive cross arm test, subacromial tenderness, crepitation in the subacromial area, 5/5 motor strength, positive Hawkins impingement sign, and negative instability. X-rays of the left shoulder obtained on 11/21/2014 revealed a type III acromion with cystic changes and an osteophyte at the distal end of the clavicle. Additionally, a previous MRI dated 11/21/2014, reportedly showed increased signal in the rotator cuff with an AC joint spur and impingement on the supraspinatus muscle. Recommendations at that time included a subacromial decompression, as the injured worker had failed oral medication, injections, therapy in time. The provider indicated that there was no other option other than surgery for this injured worker. A Request for Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder scope with debridement, AC joint excision, subacromial decompression:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ([http:// www.odg-twc.com/odgtwc/shoulder.htm](http://www.odg-twc.com/odgtwc/shoulder.htm)).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 309-310.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs and clear clinical and imaging evidence of a lesion. In this case, it was documented that the injured worker reported 80% to 90% relief of symptoms following an injection. The injured worker has been previously treated with medications to include anti-inflammatory medication and oral steroids. The injured worker's left shoulder MRI revealed mild edema around the coracoacromial ligament with a low grade sprain and mild tendinosis. The official imaging study does not support impingement. There is no specific mention of AC degenerative changes or acromioclavicular point tenderness upon examination. While it is noted that the injured worker has exhausted conservative management, there was no evidence of a recent attempt at any conservative treatment to include active rehabilitation or an independent exercise program. Given the above, the request is not medically necessary at this time.

Post-operative physical therapy 3 times a week for 4 weeks: 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), ([http:// www.odg-twc.com/odgtwc/shoulder.htm](http://www.odg-twc.com/odgtwc/shoulder.htm)).

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: Cold therapy unit with pad for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ([http:// www.odg-twc.com/odgtwc/shoulder.htm](http://www.odg-twc.com/odgtwc/shoulder.htm)).

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: Smart sling, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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.

Norco 10mg #40: 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.

Vicoprofen 7.5mg #40: 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.

Phenargan 25mg #30: 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.