

Case Number:	CM15-0017726		
Date Assigned:	02/05/2015	Date of Injury:	09/08/2014
Decision Date:	04/02/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/29/2015

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 55 year old male, who sustained an industrial injury on September 8, 2014. The diagnoses have included right shoulder partial rotator cuff tear, biceps tenosynovitis, bursitis and internal derangement labral tearing. A progress note dated December 12, 2014 indicates the injured worker complains of right shoulder pain. Magnetic resonance imaging (MRI) notes partial thickness rotator cuff tear and biceps tenosynovitis. He is attending physical therapy and doing home exercises. Physical exam reveals positive Neer and Hawkins impingement and tenderness with crepitus. On December 24, 2014 utilization review non-certified a request for right shoulder arthroscopy with debridement, associated surgical service: physical therapy 2X week X6 weeks, right shoulder, associated surgical service: cold therapy unit, 7 day rental, right shoulder and associated surgical service: assistant surgeon. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 10/31/14, Diagnostic arthroscopy), Surgery for Impingement syndrome, Indications for Surgery - Ruptured biceps tendon (at the shoulder).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213.

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitation 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. The MRI scan of November 2014 revealed a partial-thickness rotator cuff tear. The guidelines indicate that rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. For partial-thickness rotator cuff tears and small full-thickness rotator cuff tears presenting primarily as impingement surgery is reserved for cases failing conservative therapy for 3 months. Surgery for impingement syndrome is usually arthroscopic decompression. But the procedure is not indicated for patients with mild symptoms or 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 guidelines recommend 2-3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. The documentation provided does not indicate a recent comprehensive nonoperative treatment program with physical therapy, home exercise program and injections for 3-6 months. Based upon the absence of a comprehensive nonoperative treatment program with documentation of failure, the request for arthroscopy with debridement is not supported and the medical necessity of the request is not substantiated.

Associated Surgical Service: Physical Therapy 2x/week x 6 weeks, right shoulder: 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: Cold Therapy Unit, 7 day Rental, right shoulder: 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: Sine the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Assistant Surgeon: 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: Sine the primary procedure is not medically necessary, none of the associated services are medically necessary.