

Case Number:	CM15-0018672		
Date Assigned:	02/06/2015	Date of Injury:	04/14/2014
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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, Sports Medicine

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 47-year-old female who reported an injury on 04/14/2014. The injured worker reportedly suffered a right shoulder strain while putting tables away. The current diagnoses include bicipital tenosynovitis, rotator cuff syndrome, disorder of bursa and tendons in the shoulder, cervicgia and neck sprain. On 12/22/2014, the injured worker presented for a followup orthopedic evaluation with complaints of pain, crepitus, decreased strength, limited motion, and an inability to lift the right arm. Upon examination of the right shoulder, there was mild tenderness, positive drop arm sign, tenderness over the anterolateral border of the acromion and upper trapezius, positive Hawkins/Kennedy impingement test, positive Neer's impingement test, positive Apley's scratch test, and positive biceps tension. There was decreased range of motion of the right shoulder with 4/5 weakness. Recommendations at that time included an arthroscopy and debridement with possible open rotator cuff repair of the right shoulder with CPT codes including 29826, 29827, 29824, 29823, 29821, 29825, and 23107. A surgical assistant as well as postoperative physical therapy and a shoulder sling were also requested at that time. The injured worker was given a prescription for Naprosyn 500 mg. It is noted that the injured worker underwent an MRI of the right shoulder on 08/05/2014, which revealed minimal hypertrophic changes of the AC joint with minimal fraying of the superior labrum. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsular contracture release, right shoulder: Upheld

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

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Muscle transfer, right shoulder: Upheld

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

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Claviclectomy, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Reconstruction of the complete right shoulder: Upheld

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

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Arthrotomy, right shoulder: Upheld

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

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Right shoulder arthroscopy and 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 Chapter.

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Possible open cuff repair, right shoulder: Upheld

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

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Arthroscopy with distal claviclectomy, right shoulder: Upheld

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

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Arthroscopy with debridement, right shoulder: Upheld

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

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria

for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Arthroscopy with synovectomy, right shoulder: Upheld

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

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Arthroscopy with lysis and resection of adhesions, right shoulder: Upheld

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

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

Decision rationale: 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 after exercise programs, and clear clinical and imaging evidence of a lesion. The injured worker does not appear to meet criteria for a surgical procedure for the right shoulder. There is no mention of an exhaustion of conservative management to include active rehabilitation. The injured worker was initially issued a prescription for Naprosyn 500 mg on the requesting date of 12/22/2014. There was also no evidence of a lesion that has been shown to benefit in both the short and long term from

surgical repair upon imaging study. The injured worker had an intact rotator cuff tendon with only minimal hypertrophic changes and fraying of the superior labrum. Given the above, the request is not medically appropriate in this case.

Related to surgeries: assistant surgeon, right shoulder: 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), Low Back Chapter, Assistant Surgeons Section.

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.

Initial post-operative physical therapy, three times weekly, for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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.