

Case Number:	CM15-0134136		
Date Assigned:	07/22/2015	Date of Injury:	02/14/2013
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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: Montana, Oregon, Idaho
 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 46 year old female, who sustained an industrial injury on February 14, 2013. The injured worker has complaints of back pain, neck pain and pain in both shoulders. The documentation noted that there is restricted motion with painful arc, provocative testing and adhesive capsulitis and tenderness and tightness on the lumbar spine as well. The diagnoses have included cervicothoracic and lumbar strain; shoulder impingement, worse on the right and De Quervain, bilaterally. Treatment to date has included injections; physical therapy; chiropractic treatment; electromyography/nerve conduction velocity showed no radiculopathy or nerve entrapment and magnetic resonance imaging (MRI) of the cervical spine showed no evidence of herniated or extruded discs in 2013. The request was for right shoulder arthroscopy and decompression; remain under care of pain management and postoperative therapy for the back and the shoulder after the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy and decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) acromioplasty surgery.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 6/4/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 6/4/15 does not demonstrate evidence satisfying the above criteria. There is no radiology report demonstrating the presence of a lesion which would benefit from surgery. Therefore the request for shoulder arthroscopy and decompression is not medically necessary.

Remain under care of pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: According to the CA MTUS/ACOEM guidelines, Cornerstones of Disability Prevention and Management chapter 5 page 79, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidenced-based treatment approach that limits the excessive use of physical medicine and referral. In this case, the documentation provided is inadequate to support continued management to a pain specialist.

Postoperative therapy for the back and the shoulder after the procedure: 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.