

<b>Case Number:</b>	CM15-0144108		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 59 year old female, who sustained an industrial injury on 7-31-14 Initial complaints were not reviewed. The injured worker was diagnosed as having cubital tunnel syndrome; shoulder impingement. Treatment to date has included physical therapy; injections; medications. Diagnostics studies included X-rays right shoulder (7-30-14); MRI right shoulder (9-6-14). Currently, the PR-2 notes dated 6-22-15 indicated the injured worker complains of pain, stiffness and weakness of the right shoulder since July 31, 2014. She reports she has received a right shoulder injection on March 2015 which helped for 2 days and then one in May 2015 which helped for a few days only. The provider documents she has had a total of three shoulder injections. She rates her pain in the right shoulder as 6 out of 10. She has completed physical therapy in April 2015. NSAIDS - Motrin and Celebrex are noted as not effective for pain relief. X-rays are documented by this provider for date 7-31-14 as unremarkable type 2 acromium. A MRI of the right shoulder is also reported date 9-6-14 for no full thickness cuff tear. The provider lists the current medications as Naprosyn PRN, glucosamine and chondroitin sulfate; Vitamin D. The provider administered another right shoulder subacromial space injection using kenalog, and lidocaine without epinephrine. The treatment plan included an arthroscopic subacromial decompression surgery. The provider is requesting authorization of. Right shoulder arthroscopic subacromial decompression; postoperative physical therapy 12 visits and retrospective shoulder injections for date of service 6-22-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopic subacromial decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) - Shoulder Surgery for impingement syndrome.

**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) shoulder.

**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. 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 6/22/15 does not demonstrate a painful arc of motion from 90-130 degrees or the presence of night pain. The documents provided do not include an official radiology report demonstrating the presence of a surgical lesion which would benefit from surgery. In this case, therefore there is insufficient documentation evidence to satisfy the above criteria. Therefore, the request for right shoulder arthroscopic subacromial decompression is not medically necessary.

**Postoperative physical therapy, 12 visits: 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.

**Retrospective shoulder injection (DOS: 06/22/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** According to CA MTUS/ACOEM guidelines 2nd edition, Chapter 9, Shoulder complaints, page 204, Initial care, subacromial injection may be indicated after

conservative therapy for two to three weeks. Two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tears is recommended. There should be adequate time between injections to allow to assess for response to the injection. Repeat injections are not recommended if there is not a positive response. In this case, the patient only received two day resolution of symptoms after the first injection which is not a positive response. Therefore the request for a retrospective shoulder injection is not medically indicated.