

Case Number:	CM15-0147746		
Date Assigned:	08/11/2015	Date of Injury:	07/31/2013
Decision Date:	09/24/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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 62-year-old female who sustained an industrial injury on July 31, 2013 resulting in right shoulder pain and impaired range of motion. She was diagnosed with right shoulder impingement syndrome, and status post right shoulder rotator cuff repair. Documented treatment has included right shoulder rotator cuff repair with report of being ineffective and leaving her with pain and limited movement; physical therapy with temporary improvement; steroid injection with noted temporary improvement of 50 percent; and, medication. The injured worker continues to present with right shoulder pain and limited range of motion. The treating physician's plan of care includes outpatient right shoulder arthroscopy with subacromial decompression revision including assistant surgeon, and post-operative Norco 7.5-325 mg, cold therapy unit rental for 7 days, and 12 sessions of physical therapy. She is totally temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Shoulder Arthroscopy with Subacromial Decompression: 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).

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

Decision rationale: The injured worker is a 62-year-old female with a date of injury of 7/31/2013. She complains of right shoulder pain. Per examination findings of 7/2/2015 flexion of the shoulder was 80, abduction 60, external rotation 70, there was tenderness to touch over the lateral deltoid and anterior shoulder. Strength was decreased. The diagnosis was impingement syndrome the provider requested revision arthroscopy of the right shoulder with subacromial decompression and an assistant surgeon. Associated surgical requests include Norco, cold therapy unit, and outpatient postoperative physical therapy 12 sessions. With regard to non-operative treatment, documentation indicates 8 physical therapy visits with temporary improvement, and 1 corticosteroid injection with 50% improvement in pain in June 2014. At the time of the surgical request of 7/2/2015, no recent physical therapy or corticosteroid injections were documented. The date of prior surgery and the response to the surgical treatment was not documented although the request was for a revision surgery. The unofficial MRI report of 7/10/2014 pertaining to the right shoulder was as follows: There is no significant interval change since last exam of 11/23/2009. We do have a history of prior surgery 2 years ago although postsurgical changes are not well defined on scan. There is no full-thickness or any high-grade partial rotator cuff tear. A 1 x 5 mm intrasubstance delamination tear involving the more distal infraspinatus is unchanged. Acromioclavicular joint arthropathy is stable. The possibility of an acromioplasty not completely excluded. There is mild overall atrophy of the rotator cuff muscles. California MTUS guidelines necessitate 3-6 months of conservative treatment for impingement syndrome and partial-thickness rotator cuff tears. A comprehensive recent exercise rehabilitation program with 2-3 corticosteroid injections and 3 months of continuous physical therapy or 6 months of intermittent physical therapy with a home exercise program with trial/failure needs to be documented. Although the medical records document physical therapy and one injection in 2014, no recent non-operative treatment program has been documented. Furthermore, the imaging studies do not show any significant interval change compared to the prior study. Subacromial decompression has already been performed. There is no indication that a repeat surgical procedure will provide additional benefit. As such, the request for revision arthroscopy with subacromial decompression is not supported and the medical necessity of the request has not been substantiated.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Norco 7.5/325mg #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.

Associated Surgical Service: Cold therapy unit rental for 7 days: 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.

Outpatient Post-operative Physical Therapy for 12 sessions: 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.