

Case Number:	CM15-0188548		
Date Assigned:	09/30/2015	Date of Injury:	01/23/2015
Decision Date:	12/11/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 30 year old female with a date of injury on 01-23-2015. The injured worker is undergoing treatment for right shoulder impingement, tendinitis and bursitis, chronic right elbow pain with lateral epicondylitis, right wrist and hand pain with a normal Magnetic Resonance Imaging, and very mild carpal tunnel syndrome based on Electromyography and Nerve Conduction Velocity study. A physician progress note dated 08-24-2015 documents the injured worker has complaints of right shoulder pain and the pain radiates to the neck, elbow and arm. Symptoms include clicking, tingling, popping, stiffness, weakness and tenderness. The pain is mild and rated 2-4 on a scale of 1-10. Symptoms are worse with activities, after activity and upon waking. Since her last visit there has been no change in the level of function during activity. On examination of the right shoulder, flexion is limited to 120 degrees with pain. She has a positive impingement. Subacromially she is tender. She is not working. The second injection to the right shoulder was helpful, and now the pain has reoccurred. She does not want a third injection. She would like to move on with surgery. Treatment to date has included diagnostic studies, medications, 6 physical therapy visits which she felt were of no help, cortisone injections, wrist brace, ice packs and limiting activities. Current medications include Ibuprofen and Tizanidine. X ray of the right shoulder done on 01-26-2015 was normal. An Electromyography and Nerve Conduction Velocity study was done on 03-03-2015 and showed very mild carpal tunnel syndrome. A Magnetic Resonance Imaging of the right shoulder was done on 03-30-2015 and showed shows positive supraspinatus tendinosis and a subdeltoid fluid collection indicative of bursitis. A Magnetic Resonance Imaging of the right wrist done on 03-

30-2015 was normal. On 09-10-2015 Utilization Review non-certified the request for Assistant surgeon, DME right shoulder immobilizer, post-op PT 2 times 6 weeks and right shoulder scope with debridement subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder scope with debridement subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004,
Section(s): Surgical Considerations.

Decision rationale: The disputed request pertains to an arthroscopy of the right shoulder with debridement, subacromial decompression, assistant surgeon, right shoulder immobilizer, postoperative physical therapy 2 x 6. Physical therapy notes from March 2015 document "shaking of the hand" but no shoulder pain. Other PT notes do not document subjective complaints but refer to an attachment which is not included. The documentation of 3-6 months of shoulder physical therapy with 2-3 corticosteroid injections as necessitated by guidelines has not been submitted. Progress notes dated May 11, 2015 indicate tenderness of the right shoulder with positive impingement. The MRI of the right shoulder from April 30, 2015 unofficially showed supraspinatus tendinosis. There was also subdeltoid fluid collection indicative of bursitis. The most recent progress note is dated September 21, 2015. The shoulder pain was reported to be moderate. Pain radiated to the neck, elbow, and arm. Symptoms included swelling, clicking, popping, stiffness, weakness, and tenderness. Severity was 5/10. The symptoms were frequent. On examination the right shoulder was exquisitely tender. There was a painful arc of motion. Range of motion was not documented. The diagnosis was right shoulder strain with tendinitis, lateral epicondylitis of the right elbow, and right wrist and hand pain with normal MRI of the wrist. In addition she had very mild carpal tunnel syndrome. She had received 2 injections of steroids into the right shoulder with temporary relief and subsequent recurrence. There was progression of neck pain and right sided myofascial pain. California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. However, the procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. The guidelines necessitate an exercise rehabilitation program with 2-3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of the program to treat rotator cuff inflammation, impingement syndrome, or small tears. The documentation provided does not indicate the completion of such an exercise program. As such, the guidelines do not support the surgical procedure and the medical necessity of the request has not been substantiated. The request is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

DME right shoulder immobilizer: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

Post-op PT 2 times 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, and Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.