

Case Number:	CM15-0200896		
Date Assigned:	10/16/2015	Date of Injury:	09/28/2014
Decision Date:	12/21/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: Illinois, California, Texas
 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:

This injured worker is a 60-year-old female who sustained an industrial injury on 9/28/14. Injury occurred while she was weighing an object. The 2/24/15 right shoulder MRI demonstrated moderate acromioclavicular (AC) joint arthrosis with low-grade tendonitis to the distal supraspinatus tendon. There were cystic changes to the humeral head and fluid within the subacromial space. Conservative treatment had included activity modification, physical therapy, home exercise, TENS unit, and a corticosteroid injection. Records indicated that the injured worker did not want to take medications. The 9/15/15 treating physician report cited moderate to severe persistent right-sided neck and right shoulder pain. Home care included heat, home exercise, TENS unit, and activity limitation. She was not seeing much benefit to physical therapy. She underwent a right shoulder corticosteroid injection on 5/11/15 with a significant flare-up in symptoms and no overall improvement. Physical exam documented painful range of motion, subacromial tenderness with positive impingement signs, and AC joint tenderness. The diagnosis was right shoulder impingement confirmed through MRI scan with bursitis and tendinitis and moderate AC joint arthritis. She was working modification duty. Authorization was requested for outpatient right shoulder arthroscopy, debridement, subacromial decompression, and Mumford procedures with associated surgical requests for medical clearance, shoulder immobilizer, and post-op physical therapy 2x4. The 9/29/15 utilization review non-certified the outpatient right shoulder arthroscopy, debridement, subacromial decompression, and Mumford procedures and associated surgical requests as there was no

evidence that the injured worker had failed 3 to 6 months of conservative treatment, including injections, and no evidence of any injections or contraindications since the date of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Debridement, Subacromial Decompression and Mumford Procedure as an Outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Shoulder Chapter, Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for Impingement syndrome; Partial claviclectomy.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have been met. This injured worker presents with persistent and function-limiting right shoulder pain that has precluded return to full duty work. Clinical exam findings are consistent with reported imaging findings of AC joint arthrosis and impingement. Detailed evidence of up to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated Surgical Service: Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Second Edition, 2004, Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associated Surgical Service: Shoulder Immobilizer: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Shoulder Chapter, Postoperative Abduction Pillow Sling.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification, Summary.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative immobilizer is generally indicated. Therefore, this request is medically necessary.

Post-op physical therapy 2 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and is consistent with guidelines. Therefore, this request is medically necessary.