

Case Number:	CM15-0023275		
Date Assigned:	02/12/2015	Date of Injury:	03/07/2012
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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:

The injured worker is a 63-year-old male who sustained a work related injury on 3/7/12. Injury occurred while lifting one end of a linen cart, weighing between 700-750 pounds, and he stumbled and struck the entire left upper extremity on a nearby wall. He underwent left thumb carpometacarpal joint arthroplasty in September 2013. The 4/27/12 right shoulder MRI revealed impingement on the rotator cuff tendon by spurring along the undersurface of the acromion and acromioclavicular joint, producing horizontal delamination with fluid seen in the substance of the rotator cuff tendon but no evidence of full thickness tendon tear. The 11/17/14 treating physician report indicated the injured worker had previously been approved for right shoulder arthroscopic surgery on 7/23/14 but had recently been diagnosed with a mild stroke/transient ischemic attack. He reported the greatest complaints were his right shoulder and bilateral hands/wrists. He was status post left thumb CMC arthroplasty with residual pain and limited flexibility. There was no physical exam of the shoulder documented. The diagnosis included right shoulder impingement syndrome with acromioclavicular joint arthrosis, partial thickness rotator cuff tear, and possible adhesive capsulitis. The treatment plan indicated the patient should return to his primary care physician and neurologist for medical clearance so he could proceed with right shoulder surgery. A request for surgery was submitted on 1/5/15 without additional documentation noted in the available records. According to utilization review dated January 8, 2015, the request for Rotator Cuff Repair Right Shoulder Arthroscopy, Subacromial Decompression, and Mumford Procedure is non-certified as the patient had not been medically cleared to have surgery, citing Official Disability Guidelines (ODG) Shoulder Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rotator cuff repair, right shoulder arthroscopy, subacromial decompression, mumford procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Partial Claviclectomy (Mumford Procedures)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 211. Decision based on Non-MTUS Citation Shoulder: Surgery for impingement syndrome

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. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that 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, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. This patient has been diagnosed with right shoulder impingement syndrome, with imaging evidence to support this diagnosis. There are no current physical exam findings relative to the right shoulder. The patient reportedly had been approved for the requested surgery in July 2014 but had a mild stroke that resulted in cancellation of the surgery. The most recent treating physician report indicated that medical clearance was pending. The 1/5/15 utilization review rationale documented peer discussion with no evidence of medical clearance. Given the lack of current clinical documentation and absence of medical clearance, this request is not medically necessary at this time.