

Case Number:	CM15-0028306		
Date Assigned:	02/20/2015	Date of Injury:	09/29/2010
Decision Date:	04/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/16/2015

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 49-year-old female, who sustained an industrial injury on 09/29/2010. She has reported right shoulder and right wrist pain. The diagnoses have included adhesive capsulitis of the right shoulder; right rotator cuff syndrome; labral tear, shoulder; and tear of triangular fiber cartilage complex, right wrist, traumatic. Treatment to date has included medications, physical therapy, right shoulder steroid injection, and surgical intervention. Surgical intervention has included a right shoulder arthroscopy debridement, synovectomy, bicep tenodesis, and subacromial decompression, performed on 02/14/2013. Because of continuing pain a second surgical procedure was performed on 8/15/2013 consisting of debridement of the rotator cuff, labrum, decompression, and capsulectomy. In light of persisting pain, an MRI scan was performed on 6/20/2014. This revealed post-operative changes to the biceps tendon, mild tendinosis of the rotator cuff, but nothing surgical. A progress note from the treating physician, dated 10/10/2014, documented a visit with the injured worker. The injured worker reported persistent severe right shoulder and right wrist pain; increasing left arm pain, with radicular pain from her left elbow into her wrist and hand with associated numbness. The objective findings were documented to include decreased range of motion of the right shoulder and right wrist; and tenderness to the right biceps, right volar ulnar wrist, right dorsal ulnar wrist. The most recent progress note dated 12/4/2014 documents anterior shoulder pain in the biceps area. Request is made for a right shoulder arthroscopy, subacromial decompression, and distal clavicle resection. On 01/16/2015 Utilization Review noncertified a Right shoulder arthroscopy subacromial decompression and distal clavicle resection. The CA MTUS, ACOEM and the ODG

were cited. On 02/05/2015, the injured worker submitted an application for IMR for review of a Right shoulder arthroscopy subacromial decompression and distal clavicle resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy subacromial decompression and distal clavicle resection:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-211, 270, Chronic Pain Treatment Guidelines Page(s): 72, 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213.

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitations for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs. Plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, and both the short and long term, from surgical repair. Surgical considerations depend on the working or imaging confirmed diagnosis of the presenting shoulder complaint. The MRI scan of 6/20/2014, revealed postoperative changes to the biceps tendon status post biceps tenodesis. There was mild rotator cuff tendinosis noted. No surgical lesion is documented. The injured worker has undergone 2 surgical procedures on the right shoulder including arthroscopy with debridement, synovectomy, biceps tenodesis and subacromial decompression on 2/14/2013 and arthroscopy with debridement of rotator cuff and labrum, a revision decompression and capsulectomy on 8/15/2013. The documentation indicates that she failed to improve after both surgical procedures. The MRI scan does not show clear radiographic evidence of a lesion that is known to benefit in both the short and long-term from surgical repair. The requested procedure is another decompression. The documentation does not include evidence of 3-6 months of an exercise rehabilitation program with 2-3 corticosteroid injections and physical therapy as necessitated by guidelines. In light of the above, the request for arthroscopy with revision subacromial decompression and distal clavicle resection is not supported and the medical necessity of the request has not been substantiated.