

Case Number:	CM15-0215038		
Date Assigned:	11/04/2015	Date of Injury:	07/11/2012
Decision Date:	12/24/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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 73 year old male, who sustained an industrial injury on 7-11-12. The injured worker was diagnosed as having SLAP lesion of shoulder; sprain of left knee; rib contusion; sprain of neck; sprain of shoulder. Treatment to date has included status post right shoulder arthroscopic debridement rotator cuff; biceps tenotomy; subacromial decompression; distal clavicle resection (6-5-14); physical therapy; subacromial injection (6-15-15); medications. Diagnostics studies included MRI right shoulder (4-8-15); MRI cervical spine (7-9-15). Currently, the PR-2 notes dated 9-16-15 indicated the injured worker complains of neck pain. His pain remains the same. He continues to have flares of severe pain in the neck and right arm. The provider notes the right shoulder pain is getting worse and it is limiting his ability to function. He is authorized for a second opinion to see if surgery is an option. He is pending for appointment. The pain is described as aching and stabbing in the right shoulder and neck. The pain is worse with prolonged walking and lifting. The pain is better with lying down and medications and injections. He rates his pain as "8 out of 10 on a VAS without medications and 6 out of 10 with." He is a diabetic and is a status post right shoulder arthroscopic debridement rotator cuff; biceps tenotomy; subacromial decompression; distal clavicle resection on 6-5-14. His requests for cervical epidural steroid injections have been denied. A Request for Authorization is dated 10-27-15. A Utilization Review letter is dated 10-23-15 and non-certification for Right shoulder Scope, Rotator cuff Repair, Subacromial Decompression and distal clavicle Resection and Post-Operative Physical Therapy 2x8 for the Right Shoulder. A request for authorization has been received for Right shoulder Scope, Rotator cuff Repair,

Subacromial Decompression and distal clavicle Resection and Post-Operative Physical Therapy 2x8 for the Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder Scope, Rotator cuff Repair, Subacromial Decompression and distal clavicle Resection: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker is a 73-year-old male with a date of injury of 7/11/2012. He underwent right shoulder surgery on 6/5/2014 consisting of arthroscopy with subacromial decompression, extensive debridement of rotator cuff, biceps tenotomy and distal clavicle resection. A subsequent MRI scan of the right shoulder dated April 8, 2015 has revealed fraying and tendinopathy at the superior glenoid labrum and biceps tendon anchor, retraction of the long head of biceps tendon to the intertubercular groove, tear of the posterior lip of the glenoid labrum, tendinopathy of the supraspinatus and infraspinatus tendons and partial tear of the lateral edge of the junction of the supraspinatus and infraspinatus tendons, and degenerative joint disease and capsular hypertrophy of the right acromioclavicular joint. MRI of the cervical spine dated July 9, 2015 revealed C3-4: 5 mm left paracentral extrusion 3 mm inferiorly and 2 mm superiorly from the intervertebral disc causing severe central canal stenosis and mild bilateral foraminal narrowing. At C6-7 there was disc desiccation and loss of disc height. There was a posterior disc osteophyte complex. There was no facet joint arthrosis. There was no central canal stenosis. There was mild bilateral neural foraminal narrowing. According to the QME supplemental report dated 7/11/2015 the operative report includes the diagnoses and operative procedure mixed up under the title of preoperative diagnosis and postoperative diagnosis. In his operative report the provider documents a biceps tenotomy and also documents acromioplasty and resection of the distal clavicle. The injured worker has a combination of cervical spine and shoulder pathology and has already undergone shoulder surgery. He complains of continuing pain which may be a manifestation of cervical radiculopathy. The documentation does not indicate identification of the pain source by means of a lidocaine injection into the subacromial space. The documentation also does not include evidence of a recent comprehensive nonoperative exercise rehabilitation program with 2-3 corticosteroid injections and physical therapy over a period of 3-6 months necessitated by guidelines for impingement syndrome and partial-thickness rotator cuff tears. As such, the request for additional shoulder surgery is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

Post-Operative Physical Therapy 2x8 for the Right Shoulder: 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.