

Case Number:	CM15-0221372		
Date Assigned:	11/16/2015	Date of Injury:	01/21/2015
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/10/2015

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 43-year-old female who sustained an industrial injury on 1/21/15. Injury occurred while she was pulling a client's suitcase. The 5/28/15 right shoulder MRI impression documented mild to moderate rotator cuff tendinopathy, mild subacromial/subdeltoid bursitis, and mild rotator interval synovitis. There was no rotator cuff tear or glenoid labral tear seen. There was a type II distal acromion with minimal undersurface spurring. Conservative treatment had included activity modification, anti-inflammatory medication, physical therapy, and corticosteroid injection without sustained relief. The 9/30/15 treating physician report cited worsening grade 8/10 constant right shoulder pain. Symptoms were worse with activity, pushing, pulling, lifting, repetitive use, reaching overhead, and at night. There was a decrease in the level of functional ability. Physical exam documented forward flexion 120 degrees and abduction 90 degrees. There was subacromial tenderness. The diagnosis included right shoulder strain, impingement with tendinitis and bursitis, and frozen shoulder. She was reported capable of modified work. Authorization was requested for right shoulder arthroscopy with debridement, decompression, Mumford procedure, and manipulation under anesthesia and associated surgical requests for post-operative shoulder immobilizer purchase, and 8 sessions of post-op physical therapy. The 10/21/15 utilization review non-certified the right shoulder arthroscopic surgery and associated surgical requests as there was no clear indications of 3-6 months of failed conservative treatment, painful arc of motion, and current positive impingement sign. The 10/28/15 treating physician report appealed the surgical denial. There was persistent and function-limiting right shoulder pain. Physical exam documented forward flexion 110 degrees

and abduction 90 degrees. There was subacromial tenderness and positive impingement. Surgery was again recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy With Debridement, Subacromial Decompression, Mumford, Manipulation Under Anesthesia: Overturned

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

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; Surgery for rotator cuff repair; Partial claviclectomy; Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery and rotator cuff 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 and partial thickness rotator cuff repairs 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, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. 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. Manipulation under anesthesia is under study as an option for adhesive capsulitis. In cases that are refractory to conservative therapy lasting at least 3-6 months where range-of-motion remains significantly restricted (abduction less than 90), manipulation under anesthesia may be considered. Guideline criteria have been met. This injured worker presents with worsening and function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of plausible impingement and AC degenerative joint disease. Additionally, clinical records documented the injured worker has been treated for a frozen shoulder, with residual abduction 90% consistent with adhesive capsulitis. A diagnostic injection test was positive. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Postoperative Shoulder Immobilizer - Purchase For The Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 shoulder immobilizer is generally indicated. Therefore, this request is medically necessary.

Postoperative Physical Therapy 2 Times Per Week For 4 Weeks For The Right Shoulder:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome and adhesive capsulitis 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.