

Case Number:	CM15-0055310		
Date Assigned:	03/30/2015	Date of Injury:	03/22/2011
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 52-year-old female who reported injury on 03/22/2011. The mechanism of injury was not provided. The injured worker was status post right shoulder arthroscopy on 01/23/2013. The injured worker underwent an MRI of the right shoulder on 08/02/2011 prior to the surgical intervention. The documentation of 02/09/2015 revealed the injured worker had attended a course of formal physical therapy with temporary benefit. The inspection of the right shoulder revealed a positive impingement test on the right. The injured worker had an equivocal drop arm test. The range of motion was limited with flexion to 136 degrees, extension to 24 degrees, abduction to 119 degrees, adduction to 19 degrees and internal rotation to 55 degrees with external rotation of 59 degrees. There was weakness to the right shoulder on flexion and abduction. The biceps, triceps and brachioradialis reflexes were within normal limits. The injured worker was noted to undergo an MRI of the right shoulder on 07/14/2014 per the physician documentation which revealed postsurgical changes compatible with prior supraspinatus tendon repair with some focal areas of interspersed fluid signal among the crescent fibers compatible with fraying or of a nonwatertight repair, mild AC joint arthrosis, suspect mild tendinosis or attritional thinning of the intra-articular biceps tendon. The diagnoses included residual or recurrent internal derangement, right shoulder. The treatment plan included a right shoulder arthroscopy with subacromial decompression, acromioplasty, debridement and possible repair of rotator cuff, preoperative lab work, and postoperative physical therapy. The injured worker had a type I acromion per the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The injured worker was noted to have objective findings upon physical examination. The physical examination revealed decreased range of motion and a positive impingement test. The clinical documentation submitted for review indicated the injured worker had a failure of physical therapy. However, there was a lack of documentation of the duration of conservative care. There was a lack of documentation of a failure of cortisone injections. The request as submitted failed to indicate the specific procedure being requested. Given the above, the request for right shoulder arthroscopy is not medically necessary.

Pre-Operative Labs: 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.

Associated surgical service: Chest X-Ray: 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.

Post-Operative Physical Therapy, 3 times weekly for 6 weeks (18 sessions): 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.