

Case Number:	CM15-0057211		
Date Assigned:	04/08/2015	Date of Injury:	04/05/2011
Decision Date:	05/22/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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 48-year-old female, with a reported date of injury of 04/05/2011. The mechanism of injury was not provided. The diagnoses include right shoulder persistent impingement syndrome with articular surface tear of the rotator cuff, status post remove arthroscopic subacromial decompression and status post left shoulder arthroscopic subacromial decompressions and partial distal claviclectomy. Treatments to date have included an MRI of the right shoulder, and hydrocodone. The follow-up consultation report dated 01/15/2015 indicates that the injured worker was status post right shoulder surgery, and she rated her shoulder pain 5 out of 10. There were no signs of right shoulder infection, and the abduction and forward flexion of the right shoulder were at 100 degrees. The injured worker had left shoulder pain diffusely and limited range of motion. The injured worker was noted to be status post right shoulder surgery x 3 weeks. The treating physician requested left shoulder arthroscopic subacromial decompression. The follow-up consultation report dated 01/27/2015 indicates that the injured worker's right shoulder continued to be markedly uncomfortable. The physical examination showed limited right shoulder range of motion with positive impingement. It stated that the injured worker had an MRI that demonstrated partial tearing of the anterior supraspinatus with postoperative changes and a small subacromial spur was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic subacromial decompression and revision: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 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 most recent documentation indicated the request was for a left shoulder arthroscopic subacromial decompression. However, the request as submitted was for a right shoulder decompression and revision. There was a lack of documentation of objective findings. There was an MRI both of the left shoulder and right shoulder. The right shoulder MRI per the physician documentation revealed a partial tearing of the anterior supraspinatus with postoperative changes and a small subacromial spur. However, the MRI for the left shoulder dated 09/28/2013 revealed the injured worker had mild rotator cuff tendinosis with inferiorly offset acromion and acromioclavicular joint degenerative change without definite acute osseous or labral abnormality. There was a lack of clarification indicating whether the request was for a right or left shoulder. The injured worker was noted to be status post right shoulder surgery x3 weeks. The date for the requested surgical intervention was not provided. Given the above and the lack of clarification, the request for Right shoulder arthroscopic subacromial decompression and revision is not medically necessary.

Associated surgical service: history and physical: 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 quantity: 12.00: 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: home attendant care assistance per week (hours) quantity:
16.50: 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.