

Case Number:	CM15-0234342		
Date Assigned:	12/09/2015	Date of Injury:	12/15/2010
Decision Date:	01/19/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/30/2015

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 33-year-old male who sustained an industrial injury on 12/15/10. The mechanism of injury was not documented. Records documented a right shoulder MRI on 8/13/12 showed mild acromioclavicular (AC) arthropathy with slight impression of the supraspinatus tendon. A right shoulder injection substantially helped the injured worker's symptoms in 2013. The 10/21/15 initial orthopedic report indicated the injured worker complained of neck pain radiating to the right shoulder. He had minimal improvement despite anti-inflammatories, physical therapy, and a shoulder injection. The shoulder injection gave him temporary relief for a few days. Physical exam documented full shoulder range of motion, 5/5 upper extremity strength, diminished right C6 dermatomal sensation, and positive right shoulder Neer's test. The diagnosis included right shoulder impingement syndrome. He was not working. It was noted that a neutral doctor also recommended right shoulder surgery. Authorization was requested for right shoulder arthroscopy and associated surgical requests including pre-op clearance and 16 sessions of post-op physical therapy. The 11/12/15 utilization review non-certified the requested right shoulder arthroscopy and associated services as there were no significant exam findings, no indication of recent conservative treatment, and limited MRI findings to support the medical necessity of surgery. The 11/18/15 orthopedic appeal report cited right shoulder pain with range of motion. Physical exam documented full shoulder range of motion, 5/5 upper extremity strength, diminished right C6 dermatomal sensation, and positive right shoulder Neer's test. The diagnosis included right shoulder impingement syndrome. Appeal was requested as the injured

worker had a positive impingement sign and pain with overhead manipulation. Authorization was again requested for right shoulder arthroscopy with subacromial decompression.

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: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Surgery for impingement syndrome.

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; Partial claviclectomy.

Decision rationale: The Official Disability Guidelines provide indications for impingement syndrome 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. 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. Guideline criteria have not been met. This injured worker presents with right shoulder pain with range of motion. Clinical exam findings documented full right shoulder range of motion and strength with a positive impingement test. There was no documentation of tenderness in the shoulder. A right shoulder injection in 2013 was reported as helpful. Detailed evidence of up to 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including injection, and failure has not been submitted. Records suggest a 2-year hiatus in treatment. There is no recent imaging evidence confirming impingement. Therefore, this request is not medically necessary at this time.

Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative Testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-op physical therapy 2x8 for the right shoulder: Upheld

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

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

Decision rationale: As the surgical request is not supported, this request is not medically necessary.