

Case Number:	CM14-0120723		
Date Assigned:	08/06/2014	Date of Injury:	08/29/2012
Decision Date:	10/08/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 52-year-old female who sustained an injury on August 29, 2011. The medical records provided for review include the office note dated April 30, 2014, documenting multiple diagnoses; the diagnoses related to this review included bilateral shoulder tendonitis, impingement with internal derangement including a cyst and tendon tear of the left shoulder per an MRI of February 25, 2013. There are no recent office notes available for review nor is there any recent diagnostic testing pertaining to the right shoulder available for review. The Utilization Review determination dated July 7, 2014, noted that the claimant previously had surgery on the left shoulder and was happy with the results. She complained of pain in the right shoulder on June 9, 2014 and was limited in her abilities to do activities of daily living. She had difficulty sleeping. Exam revealed positive impingement with weakness in abduction and external rotation. Passive range of motion was 150 degrees of flexion, 150 degrees of abduction, internal rotation to 20 degrees, external rotation to 90 degrees, extension to 25 degrees and abduction to 20 degrees. The recommendation was made for right shoulder surgery. This review is for right shoulder arthroscopy with arthroscopic subacromial decompression and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with arthroscopic subacromial decompression and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The ACOEM Practice Guidelines note that prior to considering surgical intervention in the form of subacromial decompression and debridement, there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention as well as documentation that claimants failed to increase range of motion and strength of musculature around the shoulder even after exercise programs plus the existence of a surgical lesion. The medical records do not document a diagnostic report confirming pathology which may be amenable to surgical repair. In addition, there is a lack of formally reported and documented subjective complaints and recent abnormal objective findings on examination establishing the medical necessity of the requested procedure. There is also a lack of documentation confirming that the claimant has attempted, failed and exhausted a reasonable course of continuous conservative treatment for a minimum period of three to six months to include a home exercise program, formal physical therapy, antiinflammatories, activity modification, home exercise program, and injection therapy prior to recommending and considering surgical intervention. Therefore, based on the documentation presented for review and in accordance with The ACOEM Practice Guidelines, the request for surgical intervention of the right shoulder cannot be considered medically necessary.

Internal Medicine Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: The request for right shoulder arthroscopy with arthroscopic subacromial decompression and debridement is not recommended as medically necessary. Therefore, the request for internal medicine clearance is also not recommended as medically necessary.

RN Assessment for Post Operative Wound Care and Home Aid as needed: 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: The request for right shoulder arthroscopy with arthroscopic subacromial decompression and debridement is not recommended as medically necessary. Therefore, the

request for an RN assessment for postop wound care and home aide also would not be medically necessary.

Twelve (12) sessions of Post Operative Physical Therapy: 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: The request for right shoulder arthroscopy with arthroscopic subacromial decompression and debridement is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not recommended as medically necessary.

Motorized Cold Therapy Unit: 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: The request for right shoulder arthroscopy with arthroscopic subacromial decompression and debridement is not recommended as medically necessary. Therefore, the request for a motorized cold therapy unit is also not recommended as medically necessary.

DVT Unit: 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: The request for right shoulder arthroscopy with arthroscopic subacromial decompression and debridement is not recommended as medically necessary. Therefore, the request for a DVT Unit is also not recommended as medically necessary.

CPM Machine: 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: The request for right shoulder arthroscopy with arthroscopic subacromial decompression and debridement is not recommended as medically necessary. Therefore, the request for a CPM machine is also not recommended as medically necessary.

Ultrasling with abduction pillow: 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: The request for right shoulder arthroscopy with arthroscopic subacromial decompression and debridement is not recommended as medically necessary. Therefore, the request for an UltraSling is also not recommended as medically necessary.

Pain Pump: 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: The request for right shoulder arthroscopy with arthroscopic subacromial decompression and debridement is not recommended as medically necessary. Therefore, the request for a pain pump is also not recommended as medically necessary.