

Case Number:	CM14-0137137		
Date Assigned:	09/08/2014	Date of Injury:	11/06/1997
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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:

This is a 63-year-old male who sustained a vocational injury on 11/06/97 while lifting heavy fitness equipment. The records provided for review document that the claimant subsequently underwent an anterior C4-5, C5-6, and C6-7 discectomy with medial foraminotomies, partial corpectomies, and fusion of the C4-7 vertebrae with interbody cages, allograft and an anterior plate on 02/24/14. The report of the 07/16/14 office visit noted a diagnosis of status post anterior C4-7 discectomy and fusion with continued complaints of neck pain, spasm of the fingers but denial of any upper extremity radicular pain, numbness or tingling. The follow up visit on 07/25/14 noted complaints of right shoulder pain and that a subacromial injection had been given on 06/13/14 that provided about 85 percent improvement. Physical examination of the shoulder revealed active forward elevation to 160 degrees, external rotation to 45 degrees, abduction and external rotation to 80 degrees. He had pain with internal rotation and pain over the biceps. There was no acromioclavicular joint pain. He had pain with resisted forward elevation. An ultrasound was performed at the office visit on 07/25/14 which showed partial tearing at the supraspinatus insertion. There was evidence of irregularity of the biceps and the upper border of the subscapularis. The diagnosis was right shoulder persistent pain with partial thickness, subscapularis tear and biceps subluxation and surgical intervention was recommended. This request is for right shoulder arthroscopy, subacromial decompression, and possible rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy subacromial decompression and possible cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, Rotator Cuff Repair

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

Decision rationale: California ACOEM Guidelines recommend that prior to considering surgical intervention in the setting of a partial thickness rotator cuff tear, there should be a minimum of three to six months of continuous conservative treatment to include antiinflammatories, Tylenol, activity modification, home exercise program, and formal physical therapy. In addition the ACOEM Guidelines recommend that there should be clear clinical imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. In addition, prior to considering surgical intervention for shoulder pathology and complaints, all other pain generators, specifically that of cervical spine pain and radicular pain from the cervical spine, should be ruled out prior to proceeding and considering surgical intervention. The documentation provided for review fails to establish the claimant has attempted, failed, and exhausted a continuous three to six months course of conservative treatment prior to proceeding with surgical intervention. In addition, it does not appear the cervical spine pain and radicular pain has been completely ruled out as the claimant continues to have complaints of pain despite the previous surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the right shoulder arthroscopy with subacromial decompression and possible rotator cuff repair cannot be considered medically necessary.

12 postoperative physical therapy 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.

An ultrasling: 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.

A 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.