

Case Number:	CM14-0138689		
Date Assigned:	09/10/2014	Date of Injury:	05/06/2013
Decision Date:	10/07/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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 Indiana. 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 injured worker is a 61-year-old male electrician for the [REDACTED] who suffered an injury to the left shoulder on 5/6/13 in a MVA. X-rays of the left shoulder performed on that date were reported as normal. An MRI of the left shoulder performed on 6/13/13 revealed minor bursal surface supraspinatus tendinosis, no full-thickness rotator cuff tear, and mild OA of the AC joint with prominent changes of synovitis. The worker did receive PT to the left shoulder in November and December of 2013. The worker had a left shoulder arthroscopy, distal clavicle excision, acromioplasty, and removal of loose bodies with chondroplasty of the humeral head and glenoid on 8/28/13. Although his symptoms improved for 2 months after surgery, eventually his original pain symptoms recurred. An examination of the left shoulder documented on 11/15/13 revealed tenderness of the bicipital groove and ROM restricted due to pain. X-rays of the left shoulder revealed a mildly elevated humeral head, narrowing of the posterior glenohumeral joint and evidence of resection of the distal clavicle and was diagnosed with left shoulder impingement syndrome and left shoulder glenohumeral arthritis. The worker was treated with a steroid injection of the left shoulder and he was treated with Ultracet and Ibuprofen. A follow-up examination of the left shoulder performed on 12/20/13 revealed elevation of 160 degrees, ER of 90 degrees and IR of 50 degrees. On follow-up on 1/31/14, the claimant complained of more left shoulder pain and he had not been attending PT due to conflicts with work. On follow-up on 3/17/14, the worker noted no benefit from the steroid injection of the shoulder but was still working full duty. On physical exam the worker had 90 degrees of active elevation, 110 degrees of passive elevation, 80 degrees of ER, 50 degrees of IR, with crepitus with ROM, a positive Neer's and Hawkins, and a 1+ O'Brien's. The worker was diagnosed with left shoulder impingement, left shoulder adhesive capsulitis, and left shoulder GH arthrosis. An MRI of the shoulder was ordered. The worker was again evaluated on 4/9/14

after completing PT 2x/week for 6 weeks. The worker states that he performs daily home exercises for the shoulder and continues to take Ibuprofen, Ambien, and a muscle relaxant. An examination of the left shoulder on 4/23/14 noted that the worker had 60 degrees of abduction and forward flexion of the left shoulder, ER to 25 degrees, and IR to 70 degrees. Passive abduction was to 70 degrees and passive adduction was to 90 degrees. The examiner on 4/23/14 noted that the worker has had several industrial related incidents with 3 previous shoulder surgeries on the left shoulder. An MRI of the left shoulder performed on 5/29/14 revealed a moderate to high-grade partial-thickness intrasubstance tear of the supraspinatus tendon, low-grade partial tearing of the superior fibers of the subscapularis tendon, mild OA with joint effusion, and widened AC joint space. On 7/21/14 the worker complained of left shoulder pain 5/10 with decreasing motion of the shoulder overhead and behind back (IR) with severe pain with ROM, positive crepitus, and continued positive Neer's, Hawkins's, and O'Brien's tests. A left shoulder arthroscopy, medical clearance, post-op PT and Norco were requested. The worker also has a significant history for cervical sprain with several levels of degenerative disk changes. The worker also has left shoulder weakness as well as significant weakness of left upper extremity grasp and a treating physician note from 4/14/14 states that the left shoulder pain radiates to the left side of the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, web based version

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Surgery for Adhesive Capsulitis, Surgery for Impingement Syndrome

Decision rationale: The injured worker has undergone three previous arthroscopic procedures on the left shoulder. The worker has subsequently received one steroid Injection of the shoulder without any relief and the claimant had been to only two sessions of PT in April, although additional sessions were approved and although the worker has been performing daily exercises of the shoulder on his own. The claimant has a history of left shoulder impingement syndrome with adhesive capsulitis s/p previous arthroscopic acromioplasty and distal clavicle resection. The ODG guidelines for arthroscopic surgery for shoulder adhesive capsulitis state it is currently unclear as to whether there is a difference in the clinical effectiveness of an arthroscopic capsular release compared to MUA in patients with recalcitrant idiopathic adhesive capsulitis. The quality of evidence available is low and the data available demonstrate little benefit. A high quality study is required to definitively evaluate the relative benefits of these procedures. In addition, the ODG guidelines for surgery for impingement syndrome of the shoulder state that the worker must have failed 6 months of conservative treatment if intermittent that includes exercises for ROM, strengthening, and stretching and must have temporary relief with an anesthetic agent, neither of which have been documented in the records provided for review. For these reasons, the requested left shoulder arthroscopy is not medically necessary.

Pre-op clearance: 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.

Norco 10/325MG, unknown quantity: 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.

Ambien 10MG, unknown quantity: 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.

Norflex 100MG, unknown quantity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines lists Norflex as an antispasmodic that is an accepted alternative for the treatment of chronic pain. As the injured worker has chronic pain associated with his stiff shoulder, the Norflex is medically necessary.

Physical therapy, unknown frequency: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Shoulder, Specific Disorders, Adhesive Capsulitis

Decision rationale: Although the ACOEM guidelines V.3 for treatment of adhesive capsulitis of the shoulder do recommend PT as part of the conservative treatment regimen, because the frequency of PT treatments requested is not defined, the requested physical therapy is not medically necessary. MTUS is silent on the treatment of adhesive capsulitis.

Labs: CBC, CMP, Urine Drug Screen, PT/PTT: 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.

EKG: 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.

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.