

Case Number:	CM14-0148943		
Date Assigned:	09/18/2014	Date of Injury:	03/15/2013
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 female with a 3/15/13 injury date. The mechanism of injury was not provided. In a follow-up on 5/28/14, subjective complaints were continued right shoulder pain with catching, aching, and limited motion. Objective findings included right shoulder abduction to 30 degrees and flexion to 20 degrees. Impingement signs were positive. An appeal letter from the provider on 8/12/14 provides documentation of prior failed cortisone injections and a significant period of physical therapy. A right shoulder MRI on 12/17/13 showed tendinopathy of the supraspinatus tendon, partial tearing of the superior cuff surface, bursitis, and degenerative changes of the AC joint. A right shoulder MRI on 6/10/14 showed prominent changes of impingement with prominent degenerative AC joint changes. Diagnostic impression: right shoulder impingement, AC joint arthrosis. Treatment to date: cortisone injections, physical therapy, medications. A UR decision on 8/12/14 denied the request for right shoulder arthroscopy, subacromial decompression, and distal clavicle excision on the basis that there was no documentation of prior cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy right shoulder partial acromiectomy, release coracoacromial ligament, excision distal clavicle.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

Decision rationale: CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). The release of the coracoacromial ligament is a routine part of this procedure. However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. ODG supports partial claviclectomy (including Mumford procedure) with imaging evidence of significant AC joint degeneration along with physical findings (including focal tenderness at the AC joint, cross body adduction test, active compression test, and pain reproduced at the AC joint with the arm in maximal internal rotation may be the most sensitive tests), and pain relief obtained with an injection of anesthetic for diagnostic purposes. Non-surgical modalities includes at least 6 weeks of care directed towards symptom relief prior to surgery including anti-inflammatories and analgesics, local modalities such as moist heat, ice, or ultrasound. In the present case, the appeal letter from 8/12/14 does clarify that the patient has failed physical therapy and cortisone injections. However, it is still not clear from any documentation where the previous cortisone injections were given; AC joint vs. subacromial space vs. both. In order to meet guideline requirements and proceed with the proposed surgery, there needs to be documented cortisone injections in both the subacromial space (for the decompression component of the procedure to be certified) and the AC joint (for the distal clavicle excision component of the procedure to be certified). The percentage relief obtained with each injection needs to be documented, as well as how long the relief lasts. In addition, there are no positive exam findings for AC joint arthropathy such as tenderness over the AC joint and pain with cross-body adduction, although the MRI does show evidence of both impingement and AC joint arthrosis. However, the medical necessity to proceed with the proposed surgery has not been established at this time. Therefore, the request for Arthroscopy right shoulder partial acrominectomy, release coracoacromial ligament, excision distal clavicle, is not medically necessary.