

Case Number:	CM14-0150790		
Date Assigned:	09/19/2014	Date of Injury:	02/27/2014
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 42-year-old male sustained an industrial injury on 2/27/14. Injury was reported due to repetitive overhead drilling to install pipe. Past medical history was positive for recurrent left shoulder dislocations. The patient underwent left shoulder arthroscopic debridement of torn anterior and superior labrum, subacromial bursectomy, and debridement decompression on 6/6/14. The 7/16/14 physical therapy report documented completion of 7 visits with good progress. The patient experienced a significant flare-up at work in mid-July when he felt a pop pushing up in an attic from his elbows. There were significant strength deficits, grade 8/10 tenderness to palpation, and decreased range of motion. The 7/21/14 treating physician report cited a corticosteroid injection the week prior with good temporary symptomatic relief. Therapy was on hold to see if symptoms subside. Left shoulder passive range of motion was full with positive impingement test. The patient was off work. The 8/18/14 treating physician report cited continued pain. The patient had attended one additional physical therapy session. He had difficulty with flexion, abduction, and external rotation at extremes. There was subacromial tenderness. Flexion and abduction were limited to 170 degrees. The 8/27/14 left shoulder MRI impression documented moderate joint effusion with moderate subacromial/subdeltoid bursitis, mild supraspinatus and infraspinatus without tear, and status post subacromial decompression. The 9/2/14 treating physician report indicated the shoulder was still hurting with popping and cracking. He could not sleep on the left side. He could not lift any heavy objects to shoulder level or above. Physical exam documented subacromial tenderness with flexion and abduction limited to 160 degrees. Any flexion or abduction above 90 degrees causes pain and discomfort. His condition had not improved. The patient had a very heavy job and required the use of his shoulder girdle. The treatment plan recommended arthroscopic debridement/decompression and, if degenerative changes are noted in the acromioclavicular joint, a Mumford procedure. The

9/11/14 utilization review denied the left shoulder surgery and post-op physical therapy based on the lack of documented guideline-recommended conservative treatment trial and failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic debridement, decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery

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, Surgery for impingement syndrome

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines provide more specific 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, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. There is no clear imaging evidence of a surgical lesion or impingement. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Physical therapy was limited to 8 visits, with only visit documented post flare-up. Therefore, this request is not medically necessary.

8 Post operative physical therapy for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

