

Case Number:	CM14-0160266		
Date Assigned:	10/06/2014	Date of Injury:	01/12/2004
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 63 year old female was injured 1/12/04 had rotator cuff surgeries in 2005 and again in 2006. She has arthritis and continues to complain of right shoulder pain with a full range of motion and normal muscle strength. As of 9/3/14, she notes pain with overhead use and function, pain over the deltoid, over the anterior tuberosity, and the biceps tendon area. There was weakness of the supraspinatus. She is neurovascularly intact. Films of the right shoulder demonstrated glenohumeral arthritis, a type II acromion, and no evidence of calcific tendinosis. An MRI of the shoulder about 18 months earlier had shown severe biceps tendinosis and partial tearing of the rotator cuff. Another reference to an MRI in a note dated 2/21/13, stated that the MRI showed evidence of tendinopathy and rotator cuff repair with definitive recurrent full-thickness tear, evidence of subacromial subdeltoid bursal effusions, suspicious for arthritis. The patient also has neck problems. The requesting provider recommended physical therapy and a steroid injection. She refused the injection stating that she had swelling after the last time that had been done. He delayed physical therapy pending her visit with another provider re: her neck complaints. He "discussed" right shoulder

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy and Debridement of Rotator Cuff Repair or Debridement and Biceps Tenolysis or Tenodesis: 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 and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Shoulder Chapter-Surgery for Impingement Syndrome.

Decision rationale: Surgery for impingement Syndrome is usually arthroscopic decompression (acromioplasty). However, the procedure is not indicated for patients with mild symptoms or those with no limitations of activities. Conservative care, including cortisone injections should be carried out for at least three to six months prior to considering surgery."There has not been documented failure of conservative management. Therefore, the request for Right Shoulder Arthroscopy and Debridement of Rotator Cuff Repair or Debridement and Biceps Tenolysis or Tenodesis is not medically necessary and appropriate.