

Case Number:	CM14-0192163		
Date Assigned:	11/25/2014	Date of Injury:	11/22/2013
Decision Date:	01/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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:

According to the records made available for review, this is a 62-year-old male with an 11/22/13 date of injury. At the time (9/29/14) of request for authorization for Arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff repair for the right shoulder, Associated surgical service: Scalene nerve block injection for the right shoulder, Associated surgical service: Assistant surgeon, Associated surgical service: Pre-op medical clearance to include EKG, Chest X-ray and labs, Associated surgical service: ARC sling for the right shoulder, Associated surgical service: Cold flow unit, and Associated surgical service: post-op physical therapy 3 times a week for 4 weeks for the right shoulder, there is documentation of subjective (pain in the right shoulder with difficulty raising the arm up) and objective (tenderness to palpation over the anterior right shoulder; decreased range of motion of the right shoulder with flexion and abduction; positive Empty-can test, Impingement sign, Hawkins sign, and Neer's test; and positive provocative maneuvers) findings, imaging findings (Reported MRI of the right shoulder (date unspecified) revealed 2-3 mm partial tear of the articular surface of the distal supraspinatus with possible full thickness tear at the most anterior aspect; report not available for review), current diagnoses (shoulder degenerative joint disease, shoulder impingement/bursitis, shoulder sprain/strain rotator cuff, shoulder acromioclavicular joint arthritis, and shoulder sprain/strain supraspinatus tendon), and treatment to date (physical therapy and Cortisone injection). There is no documentation of addition subjective clinical findings (pain at night) and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff repair for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation ODG Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Subacromial Decompression and Manipulation Under Anesthesia

Decision rationale: MTUS identifies documentation of failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections, as criteria necessary to support the medical necessity of subacromial decompression. ODG identifies documentation of conservative care: recommend 3 to 6 months; subjective clinical findings: pain with active arc motion 90 to 130 degrees and pain at night (tenderness over the greater tuberosity is common in acute cases); objective clinical findings: weak or absent abduction; may also demonstrate atrophy and tenderness over rotator cuff or anterior acromial area and positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test); imaging clinical findings: conventional x-rays, AP, and true lateral or axillary view and gadolinium MRI, ultrasound, or arthrogram showing positive evidence of deficit in rotator cuff, as criteria necessary to support the medical necessity of subacromial decompression. Within the medical information available for review, there is documentation of diagnoses of shoulder degenerative joint disease, shoulder impingement/bursitis, shoulder sprain/strain rotator cuff, shoulder acromioclavicular joint arthritis, and shoulder sprain/strain supraspinatus tendon. In addition, there is documentation of failure of conservative therapy for three months including cortisone injection, subjective clinical findings (pain with active arc motion 90 to 130 degrees), and objective clinical findings (weak or absent abduction and positive impingement sign). However, there is no documentation of additional subjective clinical findings (pain at night). In addition, despite documentation of medical reports' reported imaging findings (MRI of the right shoulder revealing a 2-3 mm partial tear of the articular surface of the distal supraspinatus with possible full thickness tear at the most anterior aspect), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff repair for the right shoulder is not medically necessary.

Scalene nerve block injection for the right shoulder: 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.

Assistant surgeon: 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.

Pre-op medical clearance to include EKG, Chest X-ray and labs: 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.

ARC sling for the right shoulder: 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.

Cold flow 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.

Post-op physical therapy 3 times a week for 4 weeks for the right shoulder: 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.