

Case Number:	CM14-0217721		
Date Assigned:	01/07/2015	Date of Injury:	03/09/2013
Decision Date:	03/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 51-year-old male who reported an injury on 03/09/2013. The mechanism of injury was the injured worker was riding a horse. The injured worker underwent a rotator cuff repair on 10/22/2013. The documentation of 11/25/2013 revealed the injured worker had symptoms that were unchanged. The injured worker had increased discomfort with movement. The injured worker had complaints of numbness, tingling, and weakness in the right shoulder and right thumb. Medications were noted to be Tylenol. A physical examination of the right shoulder revealed tenderness to palpation anteriorly. The injured worker had full passive range of motion and actively had flexion to 145 degrees, abduction to 140 degrees, and internal and external rotation to 60 degrees. The Neer's and Hawkins tests were positive. There was tenderness to palpation of the trapezius. The injured worker had full passive motion. The strength was 4/5 with flexion and external rotation. The assessment/diagnoses included impingement syndrome right shoulder and residual loss of motion, and weakness and pain of the right shoulder. The treatment plan indicated the injured worker was awaiting authorization for surgery and the injured worker was provided tramadol 50 mg 1 tablet twice a day #60. The documentation of 10/28/2014 revealed the injured worker had right shoulder and right thumb pain. The injured worker complained of tingling and constant clicking in the right shoulder with weakness of the right shoulder and thumb. The physical examination revealed positive Neer's and Hawkins, and strength was 4/5 with flexion and external rotation. There was tenderness to palpation of the trapezius. There was tenderness to palpation anteriorly. The injured worker had active flexion of 145 degrees, abduction 140 degrees, and internal and external rotation of 60

degrees. The diagnoses included residual loss of motion, weakness and pain right shoulder, and impingement syndrome right shoulder. The treatment plan included the MRA did not reveal a re-tear of the right rotator cuff; however, it did reveal continued impingement morphology. As such, the request was made for a right shoulder arthroscopy with subacromial decompression. There was a Request for Authorization submitted for review on 11/20/2014. Prior therapies included 12 sessions of work conditioning, most recent therapy being in 06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy right shoulder for SAD (subacromial decompression): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for surgery- Acromioplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a referral for a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitation for more than 4 months, plus the existence of a surgical lesion, failure to increase range of motion and strength in musculature around the shoulder after exercise programs, plus the existence of a surgical lesion and who have clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, the surgery for impingement syndrome is recommended when there has been documentation of conservative care, including cortisone injections for at least 3 to 6 months. Additionally, there should be findings on imaging to support impingement. The clinical documentation submitted for review indicated the injured worker had undergone physical therapy. The duration of physical therapy was at least 12 weeks. There was documentation the injured worker had objective findings upon examination. However, the official MRA was not provided for review to support the necessity for surgical intervention. Given the above, the request for arthroscopy right shoulder for SAD (subacromial decompression) is not medically necessary.