

Case Number:	CM15-0014261		
Date Assigned:	02/02/2015	Date of Injury:	10/04/2011
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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 40-year-old female who reported injury on 10/04/2011. The mechanism of injury was not provided. The prior therapy was not provided. The documentation of 12/31/2014 revealed the injured worker had subjective complaints of a constant dull pain in the right elbow and shoulder at 3/5 in severity and occasionally 5/5. There was continued numbness, tingling and burning in the right hand, wrist, elbow and shoulder. The injured worker was ready to proceed with right shoulder surgery. The physical examination revealed the injured worker had tenderness in the area of thoracic outlet above and below the clavicle, tenderness in the area of the posterior shoulder parascapular musculature but no tenderness over the glenohumeral joint. There was tenderness over the anterolateral acromion and AC joint, increased with forearm elevation with positive impingement sign. There was a positive cross arm testing. There was tenderness over the biceps tendon with a negative Yergason's sign and positive Speed's test. Abduction was 90 degrees, forward flexion 90 degrees, external rotation 80 degrees and internal rotation to L1. The injured worker had a positive Tinel's at the thoracic outlet and a positive Wright's test and Adson's maneuver. The diagnoses included right thoracic outlet syndrome, right shoulder impingement syndrome, right biceps tenosynovitis and right AC joint synovitis. The treatment plan included a right shoulder arthroscopic surgery with extensive debridement, subacromial decompression, mini Mumford procedure, biceps sheath release and tenodesis. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Operative-Arthroscopy, extensive debridement, SAD, Mini Mumfrd, biceps sheath release and tenodesis with super revo anchors: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 9-6, page 214. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), TWC Shoulder Procedure Summary last updated 08/27/2014, Partial Claviculectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that the surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, failure to increase range of motion and strength of musculature around the shoulder even after exercise programs and clear clinical and imaging evidence of lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation of a failure of conservative care and the specific type of conservative care that was provided for the shoulder. There was a lack of documentation of imaging evidence. Given the above and the lack of documentation, the request for a right shoulder operative arthroscopy, extensive debridement, SAD, mini Mumford, biceps sheath tendon release and tenodesis with super revo anchors is not medically necessary.