

Case Number:	CM15-0110558		
Date Assigned:	07/22/2015	Date of Injury:	06/17/2014
Decision Date:	09/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31-year-old male who sustained an industrial injury on 06-17-2014. There was no mechanism of injury documented. The injured worker was diagnosed with subacromial, subdeltoid bursitis, sclerotic focus in the humeral head and acromioclavicular joint osteoarthritis. Treatment to date has included diagnostic testing with right shoulder magnetic resonance imaging (MRI) in October 2014, conservative measures, physical therapy, chiropractic therapy, right shoulder injection and medications. According to the primary treating physician's progress report on April 20, 2015, the injured worker continues to experience pain in the right shoulder with numbness in the right upper extremity. The injured worker rates his pain level at 7 out of 10. Examination of the right shoulder demonstrated tenderness to pressure at the right coracoid process, anterior and medial joints with positive Neer's and Hawkins tests. Drop arm and instability tests were negative. Range of motion was mildly decreased on the right. Motor strength was 4 out of 5 in all planes and hypoesthesia at the C6 dermatome on the right side was documented. Current medications were not noted. Treatment plan consists of surgical intervention with a right shoulder arthroscopy with subacromial decompression and Mumford procedure, preoperative medical clearance, shoulder sling, post-operative physical therapy for 8 visits, transcutaneous electrical nerve stimulation (TEN's) unit and Norco 10mg-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy anterior subacromial decompression and Mumford procedure:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): ACOEM guides, specifically Chapter 9 for the shoulder, note on page 209. Decision based on Non-MTUS Citation ODG, Shoulder section, Surgery for impingement.

Decision rationale: In this case, the claimant was injured over a year ago. There is right shoulder pain, but also numbness in the right upper extremity. There are some signs of impingement, such as a positive Neer and Hawkins test, but also neural findings of hypoesthesia at the C6 dermatome on the right. Range of motion was only mildly decreased. This is a request for a subacromial decompression. The California MTUS-ACOEM guides, specifically Chapter 9 for the shoulder, note on page 209: Referral for surgical consultation may be indicated for patients who have: Red flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); Activity limitation for more than four months, plus existence of a surgical lesion; Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The ODG notes that conservative care, including cortisone injections, should be carried out for at least three to six months before considering surgery and pain with active arc motion 90 to 130 degrees and Pain at night. Plus weak or absent abduction; may also demonstrate atrophy. In this case, however, there is no mention of exhaustion of conservative care, and the range of motion decrement is said to be mild, but without quantification. There is no mention of night pain, atrophy or weak or absent abduction. Also, the procedure only addresses mechanical issue; however, this patient also has radicular symptoms which this procedure would not address. The case does not meet the evidence-based criteria for the surgery itself when contrasted against the evidence-based guidelines. The request is appropriately not medically necessary.

Pre-operative medical clearance by an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): ACOEM guides, specifically Chapter 9 for the shoulder, note on page 209.

Decision rationale: An internal medicine pre-operative clearance would only make clinical sense if the surgery was authorized. In this case, as shared previously, there is no mention of exhaustion of conservative care, and the range of motion decrement is said to be mild, but without quantification. There was no mention of night pain, atrophy or weak or absent abduction. The case does not meet the evidence-based criteria for the surgery and it was not authorized. The

request for the internal medicine specialist therefore was also not necessary, and is appropriately not medically necessary.

Post operative physical therapy 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): ACOEM guides, specifically Chapter 9 for the shoulder, note on page 209.

Decision rationale: Postoperative therapy would only make clinical sense if the surgery was authorized. In this case, as shared previously, there is no mention of exhaustion of conservative care, and the range of motion decrement was said to be mild, but without quantification. There was no mention of night pain, atrophy or weak or absent abduction. The case did not meet the evidence-based criteria for the surgery and it was not authorized. Therefore, the postoperative request for physical therapy is also appropriately not medically necessary.

TENS unit 30 day use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): ACOEM guides, specifically Chapter 9 for the shoulder, note on page 209.

Decision rationale: Postoperative TENS might be reasonable short term following an operation, but in this case, the surgery was not certified because there was no mention of exhaustion of conservative care, and the range of motion decrement was said to be mild, but without quantification. There was no mention of night pain, atrophy or weak or absent abduction. The case did not meet the evidence-based criteria for the surgery. As the surgery was not certified, the need for postoperative TENS was not validated. The request is appropriately not medically necessary.

Associated surgical service: Shoulder sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): ACOEM guides, specifically Chapter 9 for the shoulder, note on page 209.

Decision rationale: The postoperative shoulder sling would make clinical sense only if the surgery was certified. The surgery however was not certified, because there was no mention of exhaustion of conservative care, and the range of motion decrement is said to be mild, but without quantification. There is no mention of night pain, atrophy or weak or absent abduction.

The case does not meet the evidence-based criteria for the surgery; therefore, the postoperative shoulder sling was likewise not medically necessary.

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): ACOEM guides, specifically Chapter 9 for the shoulder, note on page 209.

Decision rationale: Again, the postoperative opiates would make sense only if the surgery was authorized. However, the surgery was not certified, because there was no mention of exhaustion of conservative care, and the range of motion decrement is said to be mild, but without quantification. There is no mention of night pain, atrophy or weak or absent abduction. The case does not meet the evidence-based criteria for the surgery. As the surgery was not certified, the postoperative Norco was appropriately not medically necessary.