

Case Number:	CM15-0120486		
Date Assigned:	07/01/2015	Date of Injury:	02/22/2013
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/22/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 woman sustained an industrial injury on 2/22/2013. The mechanism of injury is not detailed. Diagnoses include partial thickness right rotator cuff tear and impingement syndrome. Treatment has included oral medications, injections, and physical therapy although details are not submitted. Physician notes document status post left shoulder surgery with prolonged physical therapy and slow recuperation and with complaints of right shoulder pain. Recommendations include surgical intervention for the right shoulder and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scope with Subacromial Decompression, Distal Clavicle Resection, possible Biceps Tenodesis, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Partial claviclectomy, Biceps tenodesis.

Decision rationale: The injured worker is a 63-year-old female with bilateral shoulder pain, left greater than right, of approximately a year's duration. She underwent a surgical procedure on the left shoulder on 10/13/2014 consisting of arthroscopy, labral debridement, biceps tenotomy, rotator cuff debridement, coracoplasty, acromioplasty, distal clavicle resection, open biceps tenodesis and rotator cuff repair. The physical therapy notes dated 1/8/2015 documented 21 postoperative visits for the left shoulder but she was continuing to complain of pain. On 2/10/2015 the injured worker had completed 28 visits of physical therapy for the left shoulder and the physical therapy notes indicate that there was nothing new to report with regard to her complaints. She was taking pain medications and applying ice packs. The documentation indicates that the postoperative pain was worse than the preoperative pain and prolonged physical therapy was needed. A similar procedure on the right shoulder is now requested. MRI scan of the right shoulder dated 5/11/2015 revealed mild-to-moderate partial thickness undersurface tearing of the supraspinatus tendon and moderate tendinosis of the infraspinatus tendon. Partial-thickness undersurface tearing of the subscapularis tendon was also noted. Tenosynovitis of the biceps tendon was reported. There was evidence of mild acromioclavicular joint capsular hypertrophy with slight subacromial fat insertion. High grade to full-thickness chondral loss was seen over the AC joint but osteophyte formation is not documented. Office notes dated May 26, 2015 document continuing pain in the right shoulder said to be severe and disabling. However, on examination she was in no obvious distress. Right shoulder abduction/forward flexion was 140, external rotation 30 and internal rotation was to L5. The assessment was right shoulder impingement, rotator cuff tendinitis, acromioclavicular joint arthropathy and biceps tendinopathy. The notes indicate that she had received injections and physical therapy and did not want any more conservative treatment. However, utilization review had requested dates of injections and physical therapy for the right shoulder. A review of the medical records submitted does not include any physical therapy for the right shoulder or documentation of a supervised exercise rehabilitation program for 3-6 months in combination with 2-3 corticosteroid injections as necessitated by CA MTUS guidelines for management of impingement syndrome. In the absence of the above documentation, the medical necessity of the requested surgical procedure of subacromial decompression for impingement syndrome is not supported by guidelines. With regard to the request for partial claviclectomy, ODG guidelines are used. The indications for surgery include 6 weeks of conservative care, continuing pain over the acromioclavicular joint and objective findings of tenderness over the acromioclavicular joint with documentation of pain relief from an injection of anesthetic for diagnostic therapeutic trial plus imaging clinical findings of severe degenerative joint disease of the acromioclavicular joint. In this case there is no documentation of pain relief from an acromioclavicular injection and there is no imaging evidence of advanced degenerative joint disease of the acromioclavicular joint with inferiorly projecting osteophytes. As such, a partial claviclectomy is not supported by guidelines. With regard to the request for biceps tenodesis, ODG guidelines indicate 3 months of conservative treatment, documentation of a type II or type IV lesion and concomitant rotator cuff repair. In this case the records submitted do not include evidence of these criteria. In the absence of such documentation, the guidelines do not recommend biceps tenodesis. In light of the above, the request for arthroscopy with subacromial decompression partial claviclectomy

and biceps tenodesis is not supported by guidelines and the medical necessity of the request has not been substantiated.

Associates Surgical Services: Surgical Assistant: 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.

Associates Surgical Services: Shoulder Sling, right: 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, right shoulder qty 12: 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.