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| Case Number: | CM15-0039404 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 04/19/2009 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 04/19/2009. He reported an injury to his right shoulder. The injured worker was diagnosed as having right shoulder osteoarthritis. Treatment and diagnostics to date has included steroid injections, Synvisc and Orthovisc injections, right shoulder MRI, shoulder arthroplasty, decompression of the spinoglenoid notch, physical therapy, and medications. The request for additional surgery including 1-2 day inpatient hospital stay, right shoulder arthroscopic release and in-patient right shoulder suprascapular nerve decompression surgery was non-certified by utilization review. A request for cold therapy unit was also non-certified. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic and release and inpatient right shoulder suprascapular nerve decompression at subacromial notch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Suprascapular nerve and Wheelless textbook of Orthopedics, Suprascapular nerve.

Decision rationale: The available medical records were reviewed. The latest medical record is an AME of 10/7/2014. Recent medical records were not provided for this review. There is a history of right total shoulder arthroplasty on 7/16/2013 with postoperative weakness and loss of function. A decompression of the spinoglenoid notch was then performed on July 1, 2014. ODG guidelines recommend suprascapular nerve blocks for degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. However, that is not the case here. The injured worker has undergone a shoulder arthroplasty. The requested treatment is suprascapular nerve decompression for weakness. Documentation indicates that an open decompression of the spinoglenoid notch was performed on July 1, 2014. Per AME of 10/7/2014 the injured worker stated that he did not get better after that surgery and 3 months later he still could not raise his arm above the shoulder level. In the same report the writer states "Following his July 1, 2014 decompression surgery the right shoulder has become worse with nerve damage." The more recent medical records are referenced in the utilization review summary. An x-ray of the right shoulder dated 11/3/2014 was reported to show a high riding total shoulder arthroplasty with a broken Gothic arch. According to the progress note of 1/7/2015 there was no pain in the shoulder and passive elevation to 100 degrees, abduction 45 degrees, external rotation 40 degrees and internal rotation to the belly. The request as stated is for arthroscopy of the shoulder with release and inpatient open decompression of the suprascapular nerve. The procedure of 7/1/2014 which involved a decompression of the spinoglenoid notch did not help according to the documentation discussed above. As such, a request for a repeat procedure is not likely to be of benefit. The suprascapular nerve is derived from the upper trunk of the brachial plexus and contains both motor and sensory components. It sends sensory branches to the glenohumeral and acromioclavicular joints. The nerve travels beneath the suprascapular notch and after giving off 2 branches to the supraspinatus it passes around the lateral border of the scapular spine and ends in the infraspinatus fossa to supply the infraspinatus. There are 2 points of fixation of the nerve, at its origin from the upper trunk of the brachial plexus and at the suprascapular notch where it is susceptible to traction injury. It is fixed at its origin from C5 upper trunk and its termination in infraspinatus. Compression at the notch may be either by the suprascapular ligament or a cyst arising from the shoulder joint which results in paralysis of supraspinatus and infraspinatus. Following blunt trauma the ligament may calcify causing compression. Compression can result at the level of supraspinatus notch which would be expected to affect both the supraspinatus and infraspinatus. In this case the documentation provided does not indicate the presence of any of these conditions to support the request for surgery. There is no electrophysiologic evidence presented indicating entrapment of the nerve and denervation of the supraspinatus and infraspinatus muscles. As such, there is no clinical, imaging, and electrophysiologic evidence of a condition that is known to benefit in both the long and short-term from surgical repair. The request for surgery is therefore not supported by guidelines and the medical necessity is not established.

Vascutherm cold therapy unit 7 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic), Continuous Flow Cryotherapy.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1-2 day inpatient hospital stay: 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.