

Case Number:	CM15-0044687		
Date Assigned:	03/17/2015	Date of Injury:	10/30/2012
Decision Date:	05/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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 47-year-old female who reported an injury on 10/30/2012. The mechanism of injury involved a motor vehicle accident. The current diagnoses include right impingement syndrome and status post ACDF at C5-7. The injured worker presented on 02/17/2015 for a follow up evaluation with complaints of right shoulder pain and decreased range of motion. Upon examination, there was evidence of limited range of motion, tenderness to palpation, and positive Neer and Hawkins sign. Positive cross over test was also noted. Recommendations included a right shoulder arthroscopy secondary to a failure of a cortisone injection and 12 physical therapy sessions. A prescription was also issued for Naproxen 550 mg. There was no Request for Authorization form submitted for this review. The official MRI of the right shoulder completed on 01/17/2013 was submitted for review and indicated degenerative changes of the acromioclavicular joint with a small erosive change in the articular surface. There was no gross labral tear seen and there was no rotator cuff tear documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy Subacromial Decompression and Mumford Resection: 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): 209-210.

Decision rationale: California MTUS ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. In this case, it is noted that the injured worker has been treated with 12 sessions of physical therapy, as well as a cortisone injection in 01/2015. However, the California MTUS ACOEM Practice Guidelines state there should be at least 3 to 6 months of conservative care prior to considering surgery for impingement syndrome. According to the documentation provided, the injured worker has had at least 1 month of conservative treatment thus far. Given the above, the request for a surgical procedure would not be supported at this time. As such, the request is not medically necessary.

Post-Op Physical Therapy (Visits) 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.

Associated Surgical Service: DME Cold Therapy: 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.

Associated Surgical Service: Shoulder Immobilizer: 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.

Naproxen 550 MG QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker does have imaging evidence of degenerative changes of the acromioclavicular joint of the right shoulder. A trial of Naproxen 550 mg would be supported. However, there was no specific frequency listed in the request. Therefore, the request is not medically necessary at this time.