

Case Number:	CM15-0046459		
Date Assigned:	04/13/2015	Date of Injury:	01/23/2013
Decision Date:	05/27/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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 54-year-old female, who sustained an industrial injury on January 23, 2013. The injured worker had reported left shoulder pain. The diagnoses have included lumbago, pain in the joint of the shoulder, incomplete left rotator cuff rupture and adhesive capsulitis of the left shoulder. Treatment to date has included non-steroidal anti-inflammatory drugs, radiological studies and physical therapy. Current documentation dated February 17, 2015 notes that the injured worker reported left shoulder pain. Physical examination of the left shoulder revealed tenderness to palpation over the anterolateral border of the acromion on the left. Range of motion was noted to be decreased. Special orthopedic testing of the left shoulder was negative. The treating physician's plan of care included a request for left shoulder arthroscopy with release of adhesive capsulitis, extensive synovectomy, subacromial decompression, possible rotator cuff repair, possible Mumford, manipulation under anesthesia, medical clearance (EKG, Chest X-Ray, and Labs), post-operative physical therapy and retrospective shoulder x-ray anterior/posterior and lateral views.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Release of Adhesive Capsulitis, Extensive Synovectomy, Subacromial Decompression, Possible Rotator Cuff Repair, Possible Mumford with Manipulation under Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Indications for Surgery <http://www.odg-twc.com/odgtwc/shoulder.htm#Surgery>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The 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. According to the documentation provided, the injured worker has attempted conservative management in the form of physical therapy and NSAIDs. The injured worker has a medical history significant for diabetes mellitus and has not attempted treatment with a corticosteroid injection. There is documentation of limited range of motion upon examination. However, there is no evidence of instability or motor weakness. It was noted on 04/02/2015; an updated MRI of the left shoulder had been requested. The updated imaging study was not provided for review. The only official MRI report submitted for review is dated 09/11/2013 and only revealed mild acromioclavicular osteoarthritis with a small nonspecific joint effusion. The medical necessity for the requested procedure has not been established in this case. Therefore, the request is not medically necessary.

Associated Surgical Service: Medical Clearance (EKG, Chest X-Ray, Labs: CBC, CMP, Urinalysis, PT, PTT, INR): 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-Operative Physical Therapy (12-sessions): 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.

Retrospective Shoulder X-Ray AP/Lateral Views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Stress films of the AC joint may be indicated if the clinical diagnosis is AC joint separation. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. In this case, the injured worker underwent an MRI of the left shoulder in 09/2013, which confirmed acromioclavicular osteoarthritis. There was no documentation of any acute changes or a progression of symptoms or examination findings to support the necessity for additional imaging. As the medical necessity has not been established, the request is not medically appropriate.