

Case Number:	CM15-0046863		
Date Assigned:	04/14/2015	Date of Injury:	12/04/2014
Decision Date:	05/28/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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 52-year-old male who reported an injury on 12/04/2014 due to an unknown mechanism of injury. The MR arthrogram of the right shoulder on 11/14/2014 revealed postoperative changes of the right shoulder, mainly at the glenoid fossa thought due to prior labral repair and instability. There was a Hill-Sachs deformity consistent with prior anterior shoulder dislocation. There was moderate to severe DJD of the glenohumeral joint with humeral head osteophytes and high-grade chondromalacia at the glenohumeral joint with considerable cartilage loss. There were subcortical cysts at the glenoid and minimal tendinopathy at the lateral edges of the supraspinatus and infraspinatus tendons. There was minimal fraying of the undersurface of the supraspinatus tendon with no partial or full thickness tear seen at the rotator cuff. There was partial attachment of the posterior glenoid labrum and consistent findings with synovitis in the right glenohumeral joint. There was a previous repair of the superior labrum with slight fraying of the biceps tendon anchor and superior labrum. The documentation of 02/11/2015 revealed the injured worker complained of bilateral shoulder pain, worse on the right than the left. The pain was posterior and lateral over the AC joint and was aggravated by abduction and quick motion. The injured worker stated there were no further subluxations or dislocations since surgery in 2007. The injured worker had pain relief following bilateral cortisone injections. The injured worker had objective findings of shoulder range of motion of 160/80/60 with marked tenderness at the AC joint and a positive impingement sign. The biceps was symmetrical. There was pain and weakness with abduction strength testing. The anterior apprehension sign was painful and mildly positive with no posterior inferior instability. The

diagnosis included right rotator cuff impingement and AC joint arthrosis, right glenohumeral osteoarthritis and status post Bankart repair and SLAP repair. The treatment plan and discussion included that the decision would be for an arthroscopic evaluation and possible Bankart repair if instability exists in addition to acromioplasty, Mumford, and possible rotator cuff repair. The documentation of 03/15/2015 revealed the injured worker was seen on a nonindustrial basis on 06/24/2014 and was treated at that point with cortisone injections, physical therapy, Motrin, and ice followed by a home exercise program and anti-inflammatory medications. The injured worker returned on 02/11/2015 reporting bilateral shoulder injuries. The right shoulder's MR arthrogram demonstrated supraspinatus and infraspinatus tendinopathy. The injured worker was noted to have extensive conservative management for more than 6 months without relief. The injured worker was referred back to physical therapy in 02/2015; however, the injured worker had a thorough course of non-operative management since 07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Acromioplasty: 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): 210-211.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review failed to indicate the injured worker had objective findings upon the MR arthrogram to support a right shoulder acromioplasty. While there is a type 2 acromion, there was no partial or full thickness tear at the rotator cuff. The documentation indicated the injured worker had failed conservative care including injections. However, the date of injury was noted to be 12/01/2014 and the physician documentation indicated the injured worker's prior therapy was in 07/2014 and it was re-started in 02/2015. As such, there was a lack of documentation of a recent failure of conservative care, with the exception of the steroid injections. Given the above, the request for right shoulder acromioplasty is not medically necessary.

Right Shoulder Mumford Procedure: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Partial claviclectomy (Mumford procedure).

Decision rationale: The ACOEM guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. They do not however address Mumford resection. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that for a partial claviclectomy, there should be documentation of at least 6 weeks of care directed toward symptomatic care, plus pain at the AC joint and aggravation of pain with shoulder motion or carrying weight, plus there should be tenderness over the AC joint and pain relief with an injection of anesthetic for diagnostic therapeutic trial plus conventional films showing post-traumatic changes of the AC joint. The clinical documentation submitted for review indicated the injured worker had utilized conservative care in 07/2014 and had recently attended physical therapy. The documentation failed to indicate the duration of recent conservative care. The documentation indicated the injured worker had continued pain at the AC joint and aggravation of pain with shoulder motion. There was tenderness over the AC joint. There was noted to be pain relief with bilateral cortisone injections. The MRA revealed the injured worker had moderate to severe DJ of the glenohumeral joint; however, there is a lack of documentation of findings at the AC joint. Given the above and the lack of documentation, the request for right shoulder Mumford procedure is not medically necessary.

Bankart Repair of the 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): 210-211.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Multiple traumatic shoulder dislocations indicate the need for surgery if the shoulder has limited functional ability and if muscle strengthening fails. The clinical documentation submitted for review indicated the injured worker had a prior Bankart procedure in 2007. There was noted to be a Hill-Sachs deformity consistent with prior anterior shoulder dislocation. The documentation indicated that the injured worker would undergo a possible Bankart repair if instability existed. However, there was a lack of documentation of instability on examination. As such, this request would not be supported. Given the above, the request for Bankart repair of the right shoulder is not medically necessary.

Associated Surgical Service: Complete Blood Count (CBC): 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: CMP: 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: EKG: 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.

Rotator Cuff Repair of the 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): 210-211.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative

care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review failed to indicate the injured worker had objective findings upon the MR arthrogram to support a right shoulder rotator cuff surgery. The documentation indicated the injured worker had failed conservative care including injections. However, the date of injury was noted to be 12/01/2014 and the physician documentation indicated the injured worker's prior therapy was in 07/2014 and it was re-started in 02/2015. There was a lack of documentation of a recent failure of conservative care, with the exception of the steroid injections. Given the above, the request for a Rotator cuff repair of right shoulder is not medically necessary.

Associated Surgical Service: EKG: 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: Cold Therapy Unit (purchase): 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: Immobilizer (purchase): 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.

Norco 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain, objective improvement in function, and evidence the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Norco 7.5 mg is not medically necessary.