

Case Number:	CM15-0065816		
Date Assigned:	04/13/2015	Date of Injury:	02/13/2012
Decision Date:	06/26/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/07/2015

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: Illinois, California, Texas
 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 62-year-old female who sustained an industrial injury on 2/13/12. The mechanism of injury was not documented. Past medical history included gastritis, hypertension, and diabetes mellitus. Past surgical history was positive for right carpal tunnel release and middle finger trigger release. The 11/7/14 right shoulder MRI impression documented a type I-II acromion with moderate proliferative changes in the acromioclavicular (AC) joint with impingement of the supraspinatus muscle/tendon junction with tendinosis changes seen. There was a partial intrasubstance tear seen at the supraspinatus tendon insertion to the humeral head but no full thickness tear, medial retraction or atrophy was present. The rest of the rotator cuff muscles and tendon were normal. There was a mild amount of fluid seen in the biceps tendon sheath consistent with tenosynovitis changes. There was no evidence for tear or SLAP type of injury detected. There was a mild amount of fluid seen in the glenohumeral joint, tracking into the subcoracoid bursa, consistent with bursitis. There was no leak into the subacromial space or ganglion cyst formation. The 11/19/14 orthopedic report cited increased right shoulder pain. Physical exam documented right shoulder range of motion as flexion 150, abduction 130, external rotation 70, and internal rotation 70 degrees. There was weakness in right shoulder flexion, abduction, and external rotation. There was right shoulder tenderness to palpation. Neer and Hawkins-Kennedy impingement tests were positive on the right. Imaging showed proliferative changes of the AC joint, impingement of the supraspinatus tendon, and partial tear of the rotator cuff tear. The diagnosis documented right shoulder subacromial impingement syndrome. She had refractory subacromial impingement syndrome consistent with clinical and

MRI findings. The treatment plan recommended right shoulder arthroscopy, and subacromial decompression with possible distal clavicle resection and rotator cuff repair. The injured worker was temporarily totally disabled. Authorization was requested for right shoulder arthroscopy, intraarticular surgery subacromial decompression, possible distal clavicle resection and rotator cuff repair, post-operative Vicodin ES #60, 12 sessions of post-operative physical therapy, and pre-operative clearance by an internist. The 3/5/15 utilization review non-certified the request for right shoulder arthroscopy, intraarticular surgery subacromial decompression, possible distal clavicle resection and rotator cuff repair, and the associated surgical requests, as there was no current documentation to support medical necessity. The most recent report available relative to the shoulder was dated 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy intra-articular surgery subacromial decompression, possible distal clavicle resection & rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for Impingement syndrome, partial claviclectomy.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. The injured worker presented with increased right shoulder pain on 11/19/14. There is no subsequent documentation relative to the right shoulder in the submitted records. Clinical exam findings on 11/19/14 were consistent with imaging evidence of impingement. However, detailed evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Post-op pain medication: Vicodin ES #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): s 76-80 and 92.

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

Twelve post op physical therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Pre-op medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

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