

Case Number:	CM15-0067184		
Date Assigned:	04/14/2015	Date of Injury:	05/30/2013
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/08/2015

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 58-year-old female who sustained an industrial injury on 5/30/13. Injury occurred when she attempted to keep a patient from falling during a transfer while working as a certified nursing assistant. The 10/16/14 initial treating physician report cited right sided neck pain radiating into the right upper extremity, and constant right shoulder, elbow, wrist, and hand pain with weakness. Functional difficulty was documented with activities of daily living. Right shoulder exam documented marked tenderness over the acromioclavicular (AC) joint and anterior, mid-portion, and tip of the acromion. Range of motion was flexion 100, abduction 100, internal rotation 60, external rotation 45, and extension 30 degrees. Neer and Hawkins's signs were positive. She had been provided physical therapy and had shoulder injections without benefit. The diagnosis was cervical sprain/strain and right shoulder impingement syndrome. A review of records was planned. The 1/15/15 treating physician report cited persistent significant right shoulder pain with shoulder abduction and flexion barely 110 degrees. MRI was recommended as the injured worker had persistent significant pain and loss of motion for over 6 to 8 months. The 2/7/15 right shoulder MRI impression documented 8 mm partial thickness articular surface tear of the infraspinatus with moderate tendinosis. There was mild tendinosis of the supraspinatus due to impingement syndrome and moderate hypertrophic degenerative changes of the acromioclavicular (AC) joint. There was mild subacromial, subdeltoid, and subcoracoid bursitis, degeneration of the labrum, and mild tenosynovitis of the biceps tendon. The 3/12/15 treating physician report cited decreased shoulder range of motion with a diagnosis of right shoulder subacromial impingement syndrome. Imaging indicated that there was a tear in

the infraspinatus tendon and significant inflammation in the supraspinatus with a partial tear. The treatment plan requested right shoulder surgery with physical therapy and acupuncture. The 3/24/15 utilization review non-certified the request for right shoulder arthroscopy and associated post-operative physical therapy as there was no documentation of objective physical findings of arm weakness or impaired rotation, no documentation of prior conservative measures, and no imaging report for review. The request for acupuncture two times per week for 6 weeks for the right shoulder was modified to 6 visits as a trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Acupuncture two times a week for six weeks for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. The 3/24/15 utilization review modified this request for 12 acupuncture visits for the right shoulder and allowed 6 initial visits as a trial. There is no compelling reason to support the medical necessity of additional treatment pending documentation of initial treatment response in terms of pain reduction and functional improvement. Therefore, this request is not medically necessary.

Arthroscopy of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation ODG, Shoulder Chapter.

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

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. 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. Imaging showing positive evidence of impingement is required. Guideline criteria have been met. This injured worker presents with persistent significant function-limiting right shoulder pain. Clinical exam findings are consistent with imaging evidence of rotator cuff tear, AC joint degeneration, and impingement. Evidence of at least 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Post-op physical therapy two times a week for six weeks for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This initial request for post-operative physical therapy is consistent with guidelines. Therefore, this request is medically necessary.