

Case Number:	CM15-0068587		
Date Assigned:	04/16/2015	Date of Injury:	03/10/2013
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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 46 year old female, who sustained an industrial injury on 03/12/2013 she reported injuries to her neck, back, arms, and bilateral shoulders while emptying trash. The documentation indicated the injured worker had an ultrasound study on 08/27/2014 which revealed subacromial impingement and acromioclavicular degenerative joint disease. On provider visit dated 02/02/2015 the injured worker has reported pain. On examination of the right shoulder was noted to have a decreased range of motion and tenderness. The diagnoses have included status post industrial right shoulder sprain/strain injury and ultrasound confirmed right shoulder degenerative joint disease with subacromial impingement syndrome. Treatment to date has included physiotherapy, injections, acupuncture and medications. The provider requested Arthroscopic right shoulder evaluation- arthroscopic subacromial decompression and distal clavicle resection, Pre-Op Medical Clearance, Physical Therapy three times a week for four weeks, Continuous Passive Motion machine for an initial period of 45 days, Surgi-Stim unit for an initial period of 90 days and Coolcare cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic right shoulder evaluation, arthroscopic subacromial decompression and distal clavicle resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery Chapter, surgery for impingement syndrome; Indications for surgery.

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

Decision rationale: The American College of Occupational and Environmental Medicine 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. 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 persistent symptoms despite 10 visits of physiotherapy, 1 cortisone injection and acupuncture treatment as well as the passage of time. Physical examination revealed severe tenderness in the right supraspinatus with moderate tenderness in the greater tuberosity, and AC joint tenderness. The injured worker had subacromial crepitus with decreased strength with pain with range of motion. The injured worker underwent an ultrasound of the right shoulder, which revealed objective findings of degenerative joint disease with subacromial impingement syndrome. However, there was a lack of documentation of the duration of conservative care and that it was at least 3 months. There was a lack of documentation indicating the injured worker had a positive Neer or Hawkins test to support impingement per examination. Given the above and the lack of documentation, the request for Arthroscopic right shoulder evaluation, arthroscopic subacromial decompression and distal clavicle resection is not medically necessary.

Pre-Op Medical Clearance: 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.

Physical Therapy, three times a week for four weeks: 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.

Continuous Passive Motion machine for an initial period of 45 days: 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.

Surgi-Stim unit for an initial period of 90 days: 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.

Coolcare cold therapy unit: 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.