MAXIMUS Federal Services

Case Number:	CM15-0075526		
Date Assigned:	04/27/2015	Date of Injury:	09/28/2011
Decision Date:	05/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/20/2015

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

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 51-year-old female, who sustained an industrial injury on 9/28/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having surgically repaired rotator cuff tear, right partial supraspinatus tear, cervical pain with upper extremity symptoms, and low back pain with lower extremity symptoms. Treatment to date has included diagnostics, right shoulder surgery in 2012 and medications. Currently on 2/26/15, the injured worker complains of increasing right shoulder pain, rated 8/10. Medication use of Norco was noted to decrease somatic pain by an average of 4-5 points and improved objective improvement (increased tolerance to exercise and greater range of motion.) Non-steroidal anti-inflammatory medications improved range of motion and additional 3-4 point diminuation of pain. She denied gastrointestinal symptoms with proton pump inhibitor use. Cyclobenzaprine decreased spasm for approximately 4-6 hours, facilitating exercise and an additional pain decrease on average of 3-4 points. Physical exam noted diffuse right shoulder tenderness, positive impingement signs, and decreased range of motion. Magnetic resonance imaging of the right shoulder was submitted (9/26/2014). Urine drug screen was inconsistent with expected results (11/18/2014). The treatment plan included a repeat arthroscopic subacromial decompression on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right Shoulder Arthroscopic Subacromial Decompression: Upheld

Claims Administrator 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 Chapter- Surgery for Impingement syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation ODG shoulder section, acromioplasty surgery.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 2/26/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 2/26/15 does not demonstrate evidence satisfying the above criteria. Therefore, the treatment is not medically necessary.