

Case Number:	CM15-0090164		
Date Assigned:	05/14/2015	Date of Injury:	06/16/2014
Decision Date:	07/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Minnesota, Florida
 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 41 year old female with an industrial injury dated 6/16/2014. The injured worker's diagnoses include right shoulder partial rotator cuff tear with moderate acromioclavicular joint (AC) arthropathy and cervical degenerative disc disease at C5-C6 and C6-C7. Treatment consisted of Magnetic Resonance Imaging (MRI), prescribed medications, 26 sessions of physical therapy, subacromial injection, and periodic follow up visits. In a progress note dated 4/9/2015, the injured worker reported slow improvement of her right shoulder pain, improvement in range of motion and improvement in her neck pain. The injured worker also reported that she cannot live with her limitations and she wishes to proceed with surgical intervention within approximately two months. Objective findings revealed focal tenderness over the biceps tendon, rotator cuff, and subacromial region of her right shoulder, positive impingement, positive Neer test and mild positive ARC test. The Magnetic Resonance Imaging (MRI) revealed a right shoulder partial rotator cuff tear with moderate acromioclavicular joint (AC) arthropathy of her right shoulder. The treating physician prescribed services for right arthroscopic subacromial decompression and debridement versus repair of the rotator cuff, associated surgical services: video arthroscopy of right shoulder, pre-operative medical clearance, post-operative physical therapy (right shoulder) quantity: 24 and office visit follow up now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right arthroscopic subacromial decompression and debridement versus repair of the rotator cuff: Overturned

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): s 210, 211, and 213.

Decision rationale: The injured worker is a 41-year-old female with a date of injury of 6/16/2014. MRI scan of the right shoulder dated 8/5/2014 was reported to show biceps tendinosis, partial thickness rotator cuff tear, and mild acromioclavicular capsular inflammation. The injured worker has completed 26 sessions of physical therapy and had 1 subacromial injection. Examination findings of 4/9/2015 included tenderness over the biceps tendon, rotator cuff, and subacromial region of the right shoulder. Abduction was 160 degrees and flexion 170 degrees, internal rotation 70 degrees, and external rotation 65 degrees. Impingement signs were positive MRI showed partial-thickness rotator cuff tear. A request for arthroscopy of the right shoulder with subacromial decompression and debridement versus repair of the rotator cuff was noncertified by utilization review due to absence of documentation indicating a recent reasonable and/or comprehensive non-operative treatment protocol trial/failure. However, the examination of 4/9/2015 indicates that there was slow improvement of right shoulder pain and improvement with range of motion but she continued to have moderate night pain. She had completed 26 sessions of physical therapy and one injection. Examination revealed positive impingement including Need's and mildly positive ARC test. Diagnoses included right shoulder partial rotator cuff tear and moderate acromioclavicular arthropathy. Recommendations were for arthroscopy of the right shoulder, subacromial decompression and debridement versus repair of rotator cuff and normal work duties without restrictions. California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. The procedure is not indicated for patients with mild symptoms or those who will have no activity limitations. Conservative care, including cortisone injections can be carried out for at least 3-6 months before considering surgery. In this case the injured worker has a date of injury of 6/16/2014. The MRI scan of the right shoulder is dated 8/5/2014. She has received 26 physical therapy treatments. She continues to have pain and night pain is also documented. Examination reveals continuing impingement. As such, she has failed conservative treatment and is a candidate for surgery. The request for arthroscopy of the shoulder with subacromial decompression and debridement or repair of the rotator cuff is appropriate and supported by guidelines. As such, the medical necessity of the request has been established.

Associated Surgical Service: Video arthroscopy of right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: The California MTUS guidelines indicate that the preferred treatment for impingement syndrome is arthroscopic decompression. As such, the request for arthroscopy is supported by guidelines and the medical necessity is established.

Associated Surgical Service: Pre-operative medical clearance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general; Office visits.

Decision rationale: ODG guidelines indicate appropriate consultations and testing in the presence of comorbidities. The injured worker has a history of carcinoma of breast status post mastectomy and lymph node dissection. As such, medical clearance will be necessary prior to the surgical procedure. The request as stated for medical clearance is supported and the medical necessity is established.

Associated Surgical Service: Post-operative physical therapy (right shoulder), QTY: 24.00: Upheld

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

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

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement, the remaining course of 12 visits may be prescribed. The request as stated is for 24 visits which exceeds the guideline recommendations and as such, the medical necessity of the request has not been substantiated.

Office Visit Follow Up, QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: office visits.

Decision rationale: ODG guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The office visit after surgery is included in the global surgery package and is usually not reimbursed separately. As such, the medical necessity of the requested postoperative office visit is established.