

Case Number:	CM15-0096036		
Date Assigned:	05/26/2015	Date of Injury:	10/01/2014
Decision Date:	07/13/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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:

This 43 year old male sustained an industrial injury on 10/01/14. He subsequently reported right shoulder pain. Diagnoses include right shoulder rotator cuff tendinitis, impingement syndrome, right shoulder AC joint arthrosis and right shoulder biceps tendon tenosynovitis. Treatments to date include MRI and x-ray testing and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, there was tenderness over the right shoulder, AC joint and over the suprascapular musculature. Range of motion was reduced. Hawkins, Neer, Speed's and Yergason's tests were positive. A request for Right shoulder arthroscopy, possible RC repair with implant, Possible biceps tenodesis and distal claviclectomy with debridement, subacromial decompression with partial anterior acromionectomy, 12 post operative physical therapy visits, ultrasling, Pre-operative medical clearance: H&P, EKG, CXR, UA, CBC with differential, BMP, PT and PTT and surgical assistant was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, possible RC repair with implant, possible biceps tenodesis and distal claviclectomy with debridement, subacromial decompression with partial anterior acromionectomy: Upheld

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): 209, 210, 211, 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Mumford procedure.

Decision rationale: Progress notes dated April 9, 2015 indicate subjective complaints of pain in the right shoulder, difficulty with reaching, pulling and pushing. The injured worker desired to move forward with surgical intervention. On examination the right shoulder was in anatomic alignment. There was no swelling. Tenderness to palpation was noted globally over the right shoulder. Flexion was 130 and abduction 120. Internal and external rotation was 70 each. Hawkins test was positive. Neer test was positive. Drop arm test was negative. Speed's and Yergason testing were positive. MRI of the right shoulder from 2/9/2015 showed tendinosis of the distal supraspinatus with interstitial tear of the footprint, tendinosis of the infraspinatus with a partial tear of the biceps tendon with tenosynovitis. Moderate acromioclavicular joint arthrosis and a type II acromion process was noted. The assessment was right shoulder rotator cuff tendinosis with interstitial tear and impingement syndrome, right shoulder acromioclavicular arthrosis, right shoulder biceps tendon tenosynovitis and tear. The proposed surgery was right shoulder arthroscopy, repair of rotator cuff with implant with possible biceps tenodesis and distal claviclectomy with debridement, subacromial decompression with partial anterior acromionectomy. The available documentation does not indicate guideline necessitated 3-6 months of conservative treatment with an exercise rehabilitation program and 2-3 corticosteroid injections. California MTUS guidelines indicate surgical considerations for activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. A rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. For partial-thickness tears and small full-thickness tears surgery is reserved for cases failing conservative therapy for 3 months. The preferred procedure is arthroscopic decompression which involves debridement of inflamed tissue, burring of the anterior acromion, lysis, and sometimes removal of coracoacromial ligament and possibly removal of the outer clavicle. Surgery for impingement syndrome is usually arthroscopic decompression. Conservative care including cortisone injections and an exercise rehabilitation program for 3-6 months is necessary before considering surgery. The guidelines also indicate diagnostic lidocaine injections to distinguish pain sources in the shoulder area for example impingement. The available documentation does not indicate that this was done. The proposed repair of rotator cuff with implant is not consistent with the findings of a partial thickness tear on the reported MRI scan. For distal claviclectomy the ODG guidelines necessitate the presence of severe osteoarthritis of the acromioclavicular joint. The MRI scan is reported to show moderate changes. In light of the foregoing, particularly the absence of documentation pertaining to the 3-6 months of injections with an exercise rehabilitation program, the request for surgery as stated is not supported by guidelines and the medical necessity of the request has not been substantiated.

12 post operative physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 210, 211, 213.

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

Associated surgical services: Ultrasling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 210, 211, 213.

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

Associated surgical services: Pre-operative medical clearance: H&P, EKG, CXR, UA, CBC with differential, BMP, PT and PTT: 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), Low Back, preoperative electrocardiogram.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 210, 211, 213.

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

Associated surgical services: Surgical assistant: 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), Low Back, Surgical assistant.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209, 210, 211, 213.

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