

Case Number:	CM15-0098885		
Date Assigned:	06/01/2015	Date of Injury:	04/14/2000
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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, Indiana, Oregon
 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 57-year-old male who sustained an industrial injury on 4/14/00. The mechanism of injury is unclear. He currently complains of right shoulder pain that has increased and would like surgery. He has pain at the anterior and posterior aspects especially with external rotation, decreased range of motion, popping/ catching, night pain and weakness. Medications include Soma and diclofenac. Diagnoses include spinal fusion (2014); right and left arthroscopic knee surgeries; rotator cuff syndrome; shoulder joint pain; osteoporosis. Treatments to date include cortisone injection to biceps tendon with mild relief. Diagnostics include left shoulder x-ray (1/9/13) normal; cervical spine x-ray (1/9/13) shows fusion of C6-7; left shoulder x-ray (11/12/14) shows tendinopathy and acromioclavicular joint degenerative changes; right shoulder x-ray (1/16/13) normal; right shoulder x-ray (9/22/14) shows moderate acromioclavicular joint degenerative changes, possible osteochondroma. In the progress note dated 5/1/15, the treating provider's plan of care included the option for right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Surgery to Include Arthroscopic Debridement, Extensive; Arthroscopic Decompression; Synovectomy, Complete; and Suprascapular Nerve Root Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Arthroscopic debridement (for shoulder arthritis), Surgery for impingement syndrome, Nerve blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Practice Guidelines, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The Official Disability Guidelines recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees before acromioplasty surgery. 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 5/1/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore, the determination is not medically necessary for the combined procedure.

Post-Operative Physical Therapy (12-sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

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