

Case Number:	CM13-0013613		
Date Assigned:	11/06/2013	Date of Injury:	03/29/2013
Decision Date:	01/23/2014	UR Denial Date:	06/13/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California, Connecticut, and Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old female who sustained an injury to the right shoulder in a work related accident on 03/29/13. Clinical records reviewed include an MRI report of the right shoulder dated 04/23/13 indicated a focal signal change to the superior labrum; the study was documented to have been nondiagnostic and MR arthrogram was recommended for further assessment; findings were favored to represent a labral cyst; rotator cuff was intact; and no joint effusion was noted. Recent clinical assessment for review of 07/02/13 with treating physician, [REDACTED], indicated continued complaints of pain about the right shoulder, neck and trapezius. Sleep difficulties were reported. Physical examination findings demonstrated 4/5 grip strength with weakness with muscle testing to the shoulder at 4/5, tenderness over the anterior joint line, and pain against forced external rotation and abduction. The diagnosis was of internal derangement of the shoulder and surgical arthroscopy was recommended. He also indicated that her clinical presentation was consistent with reflex sympathetic dystrophy to the right upper extremity and that she would benefit from a stellate ganglion block while under anesthesia at the time of surgery. Conservative care is not well documented in regard to the shoulder or otherwise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient arthroscopic surgery for the right shoulder: Upheld

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 Physician Reviewer's decision rationale: Based on California MTUS Guidelines, the role of surgical intervention in this case would not be indicated. Guidelines for the documented diagnoses require at least three to six months of conservative care including injection therapy, which is not clearly documented in this case. The claimant's MRI scan is also nondiagnostic and equivocal for findings that would support the role of a surgical process. Furthermore, in this case, it needs to be taken into the account the claimant's apparent diagnosis of "reflex sympathetic dystrophy" for which stellate ganglion blockade is also being recommended at time of anesthetic process for the surgery. The clinical information as documented with a potential diagnosis of RSD and a lack of documentation with respect to clear imaging findings of a surgical lesion, would not support a medical necessity for the requested surgical intervention.