

Case Number:	CM13-0014575		
Date Assigned:	04/30/2014	Date of Injury:	12/06/2012
Decision Date:	05/02/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/22/2013

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 Orthopedic Surgery, and is licensed to practice in California. 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 66-year-old female who reported an injury on 12/06/2012. The mechanism of injury was noted to be repetitive motion. Her diagnoses included right shoulder impingement syndrome and right shoulder pain and dysfunction. Her symptoms were noted to include bilateral shoulder pain, right greater than left. Her physical examination findings in the right shoulder were noted to include mildly decreased range of motion; +3 tenderness to palpation of the anterior shoulder, posterior shoulder, lateral shoulder, and acromioclavicular joint; and positive Speed's and Hawkins tests. Her conservative treatment was noted to include physical therapy, acupuncture, chiropractic care, home exercise, pain medication, topical analgesics, NSAIDs, and use of a TENS unit. A recommendation was made at her 08/14/2013 visit for a 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 ARTHROSCOPY: 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): 211.

Decision rationale: According to the MTUS/ACOEM Guidelines, surgery may be considered for patients with persistent symptoms and failure of conservative treatment when clear clinical and imaging findings show evidence of a lesion that has been shown to benefit from surgical repair. The guidelines further specify that surgery for impingement syndrome is usually arthroscopic decompression and clinical findings should include evidence of decreased activities due to weakness of arm elevation or rotation. The clinical information submitted for review indicates that the employee had objective findings including tenderness to palpation of the acromioclavicular joint as well as the anterior, posterior, and lateral shoulder. The employee was also shown to have positive impingement tests and mildly decreased range of motion. In addition, the documentation also shows that the employee has failed extensive conservative treatment. However, there were no imaging study reports provided within the medical record with evidence of a lesion which may benefit from surgical repair. Additionally, the documentation regarding the employee's previous conservative treatment failed to indicate whether the employee had temporary relief from a cortisone injection to the shoulder. In the absence of significant imaging study findings and temporary relief with cortisone injections, the request for arthroscopic surgery of the shoulder is not supported. In addition, as the request failed to indicate whether the surgery was being proposed for the right or left shoulder and as the documentation indicates that the employee has bilateral shoulder pain, clarification would be needed in order to support the request. Based on the available records, the request is non-certified.