

Case Number:	CM13-0015014		
Date Assigned:	12/04/2013	Date of Injury:	08/15/2012
Decision Date:	05/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. 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/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 injured worker is a 53-year-old who reported injury on August 15, 2012. The mechanism of injury was not provided. The documentation dated July 22, 2013 revealed the injured worker had ongoing left shoulder pain. The injured worker had difficulty performing activities at and above shoulder level. The injured worker indicated that raising his arm above shoulder level was painful. Physical examination revealed the injured worker had decreased range of motion with flexion and abduction to about 90 degrees. Muscle strength was 4+/5 for flexion and abduction. Impingement signs and apprehension signs were positive on the left. The diagnoses included work-related injury left shoulder rule out acute rotator cuff tear and rule out labral tear. The documentation indicated they were awaiting authorization for a left shoulder arthroscopic repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ATHROSCOPY/ SAD (SHOULDER ARTHROSCOPIC DECOMPRESSION): 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): 211. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Shoulder Chapter, Surgery for Impingement Syndrome Section.

Decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines indicate that surgery for Impingement Syndrome is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. Since the ACOEM Guidelines do not specifically address the criteria and indications for surgery for impingement syndrome, secondary guidelines were sought. The Official Disability Guidelines indicate that conservative care is recommended for three to six months and there should be pain with active arc motion 90 to 130 degrees and pain at night plus weak or absent abduction and the injured worker may demonstrate atrophy and they should have tenderness over the rotator cuff or anterior acromial area and a positive impingement and temporary relief of anesthetic injection plus an MRI that shows positive evidence of impingement. The clinical documentation submitted for review failed to provide documentation of conservative care and that the injured worker had pain at night. It was indicated that the injured worker had pain with active arc motion as he could not reach above shoulder level, and there was documentation the injured worker had weak abduction. The injured worker had a positive impingement sign. There was a lack of documentation indicating a temporary relief of pain with anesthetic injection and that the injured worker had an MRI showing positive evidence of impingement. There was no official MRI submitted for review. The request for a left shoulder arthroscopy/SAD is not medically necessary or appropriate.