

Case Number:	CM13-0022231		
Date Assigned:	12/04/2013	Date of Injury:	12/23/2001
Decision Date:	01/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

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 37-year-old female injured on 12/23/12. Clinical records for review in this case include a recent 08/01/13 assessment with [REDACTED] where the claimant is noted to be with continued complaints of pain of the left shoulder and cervical spine. Physical examination findings at that date showed restricted cervical range of motion, tenderness over the C4-5 through C6-7 levels with the shoulder showing positive impingement and tenderness over the acromion. The claimant's working diagnosis was that of cervical disc derangement at the C4-5 through C6-7 level with carpal tunnel syndrome to the left wrist and findings suggestive of impingement syndrome of the left shoulder. Recommendations at that time were for an MRI scan of the cervical spine for further assessment and a prescription for Flector patches to be used for the cervical spine and left shoulder. Previous testing is not noted in regarding to the claimant's cervical spine. In regard to the shoulder, there is noted to be an MRI scan that showed tendinosis. However, a formal report is unavailable for review. Conservative care regarding the claimant's shoulder, other than medications, is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with possible subacromial decompression outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on the ACOEM Guidelines, surgical arthroscopy to include subacromial decompression would not be indicated. Guideline criteria in regards to a need for surgery for impingement states that conservative care including corticosteroid injections need to be carried out for three to six months before considering intervention. The medical records provided for review fail to demonstrate conservative care including corticosteroid injections in this case. The request for a left shoulder arthroscopy with possible subacromial decompression outpatient is not medically necessary and appropriate