MAXIMUS Federal Services

Case Number:	CM13-0027838		
Date Assigned:	11/22/2013	Date of Injury:	10/15/2007
Decision Date:	03/18/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55-year-old female was injured on 10/15/07 and has been treated for neck and left shoulder pain including a previous left shoulder arthroscopy, physical therapy, iontophoresis, and medications. An MRI obtained on 7/10/13 of the left shoulder demonstrated a prior subacromial decompression, fraying of the distal supraspinatus tendon, and was suspicious for a superior labral tear. Two records provided for review included a 6/19/13 office note by [redacted] which documented shoulder pain and a recent evaluation by [redacted] from [redacted] dated 5/17/13 which demonstrated tenderness overlying the left supraspinatus area with abduction to 140 degrees. Strength testing was not performed. An 11/30/11 note documented that the claimant's shoulders remained a source of impairment. A recent request for authorization for left shoulder arthroscopy and myofascial trigger point injection was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

left shoulder surgery (arthroscopy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: Left shoulder arthroscopy would not be considered medically necessary or appropriate in this case based upon the records provided and the Medical Treatment Utilization Section (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines. ACOEM Guidelines support surgical intervention for patients who have activity limitation for more than four months plus the existence of a surgical lesion. Activity limitation has not been well-documented in this case. It is unclear to this reviewer if a surgical lesion exists. The type of conservative treatment which has been provided and the duration of this treatment have not been specified. Findings on the MRI are underwhelming. For these reasons, left shoulder arthroscopy cannot be certified in this case.

myofascial trigger point injection (location of injection unclear): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Neck and Upper Back: Trigger point injections.

Decision rationale: Myofascial trigger point injection cannot be certified in this case based upon the Official Disability Guidelines as they are not covered in the CA Medical Treatment Utilization Section (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines. The ODG Guidelines support trigger injections for neck or back pain if there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, there are no documented trigger points. Therefore, myofascial trigger point injection cannot be certified.