

Case Number:	CM13-0027885		
Date Assigned:	12/11/2013	Date of Injury:	03/23/2012
Decision Date:	02/10/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation 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 62-year-old female who reported a work-related injury on 03/23/2012, specific mechanism of injury not stated. The patient subsequently underwent arthroscopic decompression debridement of the left shoulder on 08/08/2013. The current request is for decision for retrospective support for the operative procedure performed. An MR arthrogram of the patient's left shoulder performed on 02/12/2013 revealed a non-displaced anterior inferior labral tear, calcific deposit in the intraspinous tendon, impingement on the supraspinatus musculotendinous junction unchanged associated with acromioclavicular joint hypertrophy and subacromial subdeltoid bursal inflammation. The clinical note dated 07/30/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient continues to present with left shoulder pain complaints. Upon physical exam of the patient's left shoulder, painful range of motion of the shoulder was noted as well as markedly positive impingement sign; crepitus with range of motion of the shoulder additionally was noted. The provider documented a positive O'Brien's test to the left shoulder and neurovascular status was intact in the left upper extremity. There was moderate paraspinous muscle spasms noted in the cervical and trapezial musculature on the left side. The provider documented the patient was to undergo arthroscopic surgery as of 08/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for decompression, debridement and arthroscopy of the left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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: The current request is supported. Review of the clinical documentation submitted evidences the patient attempted to utilize lower levels of conservative treatment for her pain complaints about the left shoulder to include a TENS unit, medication regimen consisting of Tylenol extra strength, Norflex and topical analgesic, as well as physical therapy interventions without resolve of her symptomatology. The patient presented with significantly reduced range of motion about the left shoulder and moderate complaints of pain. California MTUS/ACOEM indicates surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. The patient failed to progress with utilization of injection therapy, physical therapy and medication regimen. The patient's range of motion about the left shoulder was significantly reduced with continued complaints of moderate pain about the shoulder. Given all of the above, the request for decompression, debridement and arthroscopy of the left shoulder (dos 8/8/2013) was medically necessary and appropriate.