

Case Number:	CM13-0031645		
Date Assigned:	12/11/2013	Date of Injury:	05/04/2009
Decision Date:	06/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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 injured worker is a 48 year-old female who sustained an injury May 04, 2009. The diagnosis is related to a right shoulder lesion. Prior surgeries include a cervical fusion, a left shoulder lesion, psychiatric issues and bilateral carpal tunnel syndrome. A chiropractic examination was completed in July, 2010 with presenting complaints of neck and elbow pain. Electrodiagnostic studies have been completed. It was suggested that a neck collar be assigned for neck pain and the medication, Zanaflex be dispensed. An initial clinical evaluation noted that the deployment of the Butrans patch caused gastrointestinal distress. There were ongoing complaints of right shoulder pain (9/10) and left shoulder pain (7/10). Imaging studies to include CT scans noting the cervical spine surgery and fusion, and impingement syndrome in the right shoulder as well as a Hill Sachs lesion. Similar findings of dislocation (Bankart/Hill Sachs) were noted in the contralateral shoulder. Bilateral shoulder surgery was suggested at that time. ██████ sought out a consultation with a surgeon who specializes in shoulders. It was noted that the left shoulder surgery was not certified in November, 2013. There were psychiatric issues noted in the diagnosis list along with the bilateral carpal tunnel syndrome and cervical spine fusion. In September 2013 there was an increase in bilateral shoulder pain right worse than left. Active range of motion of the shoulder was approximately 60% of the contralateral uninvolved side. A positive drop arm test is noted. The medication list includes Norco, Baclofen and Prilosec. MRI of the right shoulder noted a glenoid labrum lesion as well as the Hill Sachs lesion. Similar findings are noted with the February, 2013 MRI of the left shoulder. A steroid injection into left shoulder was completed in March, 2013. It is also noted the request for postoperative physical therapy was not certified. Left shoulder flexion was noted to be 140 , abduction. The neurologic examination was reported to be within normal limits. Multiple follow-up evaluations noted a

decreased range of motion of the left shoulder (140) with findings noted on MRI. Also noted were multiple medications to address the pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy anterior reconstruction: Overturned

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): 207-208.

Decision rationale: The standards for surgical intervention include greater than four months of a significant surgical lesion, the full range of motion and strength and improvement after medications and exercise protocol. The symptoms objectified in the progress notes indicate there has been no improvement in range of motion and there is a ordinary disease of life degenerative process noted causing an impingement syndrome associated with the changes consistent with the dislocation. There is a clinical indication and medical necessity for the suggested surgery.