

Case Number:	CM13-0032068		
Date Assigned:	12/04/2013	Date of Injury:	07/25/2008
Decision Date:	01/23/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/07/2013

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 claimant is a 45-year-old female who was injured in work related accident 07/25/08. Specific to her bilateral shoulders, a 09/30/13 progress report with [REDACTED] indicates continued subjective complaints of bilateral shoulder pain and low back pain stating no improvement with conservative care. It stated the claimant had subacromial injections performed with temporary improvement but recurrence of symptoms. Objectively the right shoulder is noted to be with positive AC joint compression test, positive crossover testing, 5/5 motor strength with positive Neer and Hawkins impingement testing. The left shoulder is also with positive Neer and Hawkins testing, crossover testing, AC joint compression test, and tenderness to the AC joint. She was diagnosed with bilateral shoulder impingement syndrome with AC joint arthrosis. Surgical process was recommended in the form of bilateral shoulder arthroscopies, subacromial decompressions, and AC joint resections as she has failed all conservative options including injection therapy. Formal MRI reports are not available for review but were documented to show AC joint degenerative changes. The claimant has prior psychiatric notes available for review including a 06/05/13 assessment stating she has no interest in proceeding with surgical intervention. There is documentation that this surgical process had been approved dating back to 03/16/12. It is unclear as to why the claimant has not proceeded at present, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder arthroscopy with subacromial decompression, and AC joint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Indications for surgery, acromioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Section, Indications for Surgery, Partial claviclectomy (including Mumford procedure).

Decision rationale: Based on California ACOEM Guidelines and supported by ODG criteria, the role of surgical intervention in this case is supported. The clinical history is a bit out of the ordinary in this case but does include underlying psychosocial assessments and documentation of chronic shoulder complaints dating back to quite some time. There are records that indicate the claimant had already been approved for the above process as early as March 2012 but as stated it is unclear as to why it did not occur. Treating physician's recent reports indicate the claimant has failed all forms and degrees of conservative measures including injection therapy to the shoulders. There is documentation of AC joint arthrosis as well as positive AC joint findings on exam. Given the claimant's continued clinical picture supportive of a diagnosis of impingement both on physical examination as well as failed conservative care, the bilateral surgical process appears to be medically warranted at this time.