

Case Number:	CM13-0034290		
Date Assigned:	12/06/2013	Date of Injury:	11/04/2009
Decision Date:	02/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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, has a subspecialty in Sports Medicine 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 62yoy female who reported injury on 11/04/2009. The mechanism of injury was noted to be repetitive use trauma. The patient was noted to have failed physical therapy and cortisone injections. The patient was noted to have left shoulder pain. The patient's left shoulder examination revealed the patient had tenderness over the acromioclavicular region and deltopectoral region and superior deltoid region. The impingement sign was noted to be positive on the left. The patient was noted to have abduction of 80 degrees, adduction of 20 degrees, flexion of 90 degrees, and extension of 20 degrees. The diagnosis was noted to include left shoulder impingement with partial rotator cuff tear of supraspinatus per MRI scan of the left shoulder. The patient was status post cortisone injection 2011 per [REDACTED], orthopedic surgeon with good results and current recurrence of pain and dysfunction spontaneous. The request was made for a left shoulder arthroscopy with subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy With Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

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

Decision rationale: ACOEM Guidelines indicate that surgery for impingement syndrome includes an arthroscopic decompression and is not indicated for patients with mild symptoms or who have no activity limitations. Conservative care, including cortisone injections, should be carried out for at least 3 to 6 months before considering surgery. Additionally, the patient must have findings of a rotator cuff condition upon MRI. The clinical documentation submitted for review indicated the patient had failed physical therapy, had failed cortisone injections; however, there was a lack of documentation including the official MRI read to indicate the patient had a rotator cuff tear. The patient was noted to have difficulty with activities of daily living and using her hands. However, given the lack of documentation, the request for a left shoulder arthroscopy with subacromial decompression is not medically necessary.