

Case Number:	CM13-0035160		
Date Assigned:	01/03/2014	Date of Injury:	05/08/2013
Decision Date:	07/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic & Hand Surgery, and is licensed to practice in Texas. 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 expert 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 41-year-old female who reported an injury on 05/08/2013 after tripping over a student. The injured worker reportedly sustained an injury to her ankle and left shoulder. The injured worker's treatment history included physical therapy, corticosteroid injections, medications, and a home exercise program. The injured worker was evaluated on 09/09/2013. It was documented that the injured worker had persistent shoulder complaints recalcitrant to conservative treatment. Physical findings included limited range of motion described as 170 degrees in flexion, 150 degrees in abduction, and internal rotation to the L1. It was documented that the injured worker had too much pain to comply with an impingement test. The injured worker underwent an MRI of the left shoulder on 09/09/2013. It was documented that the injured worker had no evidence of a full thickness rotator cuff tear and mild abnormalities indicative of mild impingement syndrome. The injured worker was again evaluated on 12/12/2013. It was documented that the injured worker had symptoms of impingement with evidence of documented subacromial spurs in the acromioclavicular joint that have failed to respond to conservative treatment. Physical findings at that appointment included limited range of motion of the left shoulder with significant pain interfering with the patient's ability to inform an impingement test.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY SUBACROMIAL DECOMPRESSION DISTAL CLAVICLE RESECTION & DEBRIDEMENT: Upheld

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): 209-210.

Decision rationale: The requested left shoulder arthroscopy with subacromial decompression and distal clavicle resection and debridement are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the shoulder when there are significant functional deficits recalcitrant to conservative therapy that are identified with clear physical examination findings and supported by an imaging study. The clinical documentation submitted for review does indicate that the injured worker has continued pain complaints. However, the clinical note dated 09/09/2013 documented that the patient had 75% improvement in pain resulting from a home exercise program. There are no factors to preclude further progress from participating in further conservative care. As the injured worker has had a 75% improvement with conservative treatment and there is no documentation that the injured worker has plateaued and would not be expected to respond to further nonsurgical interventions, surgical intervention would not be indicated at this time. As such, the requested left shoulder arthroscopy subacromial decompression and distal clavicle resection and debridement are not medically necessary or appropriate.

POST OP PT TWO TIMES SIX FOR LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

PRE-OP LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.