

Case Number:	CM13-0038453		
Date Assigned:	12/18/2013	Date of Injury:	05/23/2013
Decision Date:	05/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/25/2013

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 Surgery, and is licensed to practice in Arizona. 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 patient is a 52-year-old male who sustained a work related injury on 5/23/13; when his foot slipped while getting off a forklift, he tried to hold on with his right arm when he felt a pop and sudden pain in his shoulder. The patient was initially treated with medication, local application of heat and ice, and six sessions of physical therapy. His initial response was positive, but he continued to complain of low-grade pain rated at 1-3/10. The patient had increased pain when doing overhead work and less pain when his shoulder was at rest. The patient had continuing complaints of low-grade pain, and had an MRI scan of the shoulder without contrast on 7/11/13. The MRI scan revealed a shoulder strain versus a grade 1 of 3 partial tear of the distal attachment of the supraspinatus and infraspinous tendons. There was a parallel labral cyst which may signal an occult superior labral tear. During this time the patient had continued to work, initially with restrictions then without restrictions; however, because of the MRI findings, he was referred for orthopedic consultation. On 8/22/13, the patient was examined by an orthopedic consultant. His pain level was 2/10 and it increased with overhead motion. The patient complained of stiffness, weakness, and his right shoulder giving out. He had normal range of motion of the shoulder and tenderness over the anterior aspect of the shoulder. Impingement tests were positive. Arthroscopic surgery was recommended. Cortisone injection was not recommended because of the partial rotator cuff tear. A follow-up visit note from 10/3/13 states that the patient is working at his regular job. An examination on 10/31/13 states that the patient's condition is unchanged. Arthroscopy is again recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008 Revision), Chapter 9), pages 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205,211.

Decision rationale: This patient had an injury to his shoulder which was diagnosed as an impingement syndrome. Initially he had a good response to treating, with decreasing pain and increasing function, but eventually reached a plateau. When he reached the plateau, he was still able to do his full time job, and his pain score was only 1-2/10. The ACOEM recommends corticosteroid injection into the subacromial bursa and an ongoing program of global shoulder strengthening for treatment of impingement syndrome. The patient did have an initial six sessions of physical therapy, but there is no documentation as to whether he was on a home program of functional restoration after the physical therapy was discontinued. According to the ACOEM, arthroscopic decompression is the recommended surgery for impingement syndrome. However, this procedure is not indicated for patients with mild symptoms or those who are of no activity limitations. Conservative care should be carried out for at least 3-6 months before considering surgery. This patient's symptoms are mild and he is back to full duty. There is no documentation as to whether the patient was on a functional restoration program following his initial six episodes of physical therapy. Therefore, the medical necessity for arthroscopic surgery and subacromial decompression has not been established.