

Case Number:	CM13-0040453		
Date Assigned:	12/20/2013	Date of Injury:	07/15/2012
Decision Date:	02/19/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 Surgeon, 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 47-year-old female who reported a work-related injury on 07/15/2012; specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: unspecified arthropathy of the shoulder, sprain and strain of the shoulder. MRI of the left shoulder dated 05/10/2013 revealed: (1) trabecular bony injury in the posterior medial aspect of the humeral head, minimal tendinosis of the distal supraspinatus tendon. The clinical note dated 08/23/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient has utilized 2 injections, activity modification, a home exercise program, physical therapy, and naproxen. Upon physical exam of the patient, the provider documented exam of the bilateral upper extremities revealed tenderness at the subacromial space on the right and limited range of motion in all planes secondary to pain. The provider documented a positive O'Brien's and mild diffuse cuff weakness. The provider documented the patient was a surgical candidate for left shoulder 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, subacromial decompression with distal clavicle resection and possible rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/shoulder.htm>).

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

Decision rationale: The current request is not supported. California MTUS/ACOEM indicates support for surgical consultations when there is clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair. Surgical considerations depend on the work or imaging confirmed diagnoses of the presenting shoulder complaint. The patient presents with pain complaints about the left shoulder status post a work-related fall with injury sustained in 07/2012. The provider documents the patient has exhausted all lower levels of conservative treatment; however, the patient continues to present with pain complaints about the left shoulder. From the documentation provided, the diagnosis is most consistent with adhesive capsulitis given lack of anatomic derangement on MRI coupled with loss of motion in all planes. In such cases, surgical intervention is a relative complication as the most common complication after shoulder surgery is loss of motion. Thus, the requested treatment can exacerbate the reason for the requested treatment. Cases of idiopathic adhesive capsulitis can take up to 18-months and follows three phases: acute which is characterized by pain and progressive loss of motion, sub-acute which is characterized by improvement in pain but no improvement in motion and the supple phase wherein the motion will improve. The goal is to minimize the loss of motion until patient returns to supple phase. Review of the patient's imaging of the left shoulder fails to evidence significant enough pathology to support the requested operative procedure at this point in her treatment. There is no imaging study evidence of impingement and no pathology evidenced to the rotator cuff. Given all of the above, the request for left shoulder arthroscopy, subacromial decompression with distal clavicle resection and possible rotator cuff repair is not medically necessary or appropriate.