

Case Number:	CM13-0045426		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2010
Decision Date:	10/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas and Georgia. 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 42-year-old female who reported an injury on 12/08/2010. The mechanism of injury was not provided for clinical review. The diagnoses included cervical strain, thoracic strain, shoulder tendinitis, elbow tendinitis, wrist tendinitis, and right shoulder impingement syndrome. The previous treatments included work restrictions for reaching. Within the clinical note dated 08/08/2013, it was reported the injured worker continued to have problems with the right upper extremity, the shoulder, and symptoms radiating to the right upper extremity and elbow. Upon the physical examination, the provider noted the injured worker's grip strength by Jamar dynamometer testing included 50/50/50 of the right. The range of motion of the right shoulder was noted to be flexion at 135 degrees, and abduction at 90 degrees. The injured worker had residual tightness and tenderness of the trapezius. It was noted the injured worker had a provocative positive test. The provider requested the injured worker to undergo a right shoulder arthroscopy; however, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy, Decompression and Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

Decision rationale: The request for a right shoulder arthroscopy, decompression and repair is not medically necessary. The California MTUS Guidelines note surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms who have no activity limitation. Conservative care including cortisone injections can be carried out for at least 3 to 6 months before considering surgery before the diagnosis is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendinitis. The clinical documentation submitted failed to indicate the injured worker has failed conservative treatment including cortisone injections and medication. There is a lack of documentation which demonstrates the injured worker has significant objective findings upon physical examination, including weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and a positive impingement sign, which would indicate the injured workers need for surgical intervention. Additionally, there is lack of clinical documentation of an official MRI corroborating the diagnosis of impingement syndrome. Therefore, the request is not medically necessary.