

Case Number:	CM13-0050595		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2012
Decision Date:	03/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/13/2013

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, 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 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 42-year-old female who reported an injury on April 13, 2012, due to grabbing aprons off a hook on a wall which reportedly caused a popping sensation in the right shoulder and right side of her neck. The patient was conservatively treated with medications, injections, a cervical steroid injection, physical therapy, acupuncture, activity modifications, and a home exercise program. The patient underwent MRI of the right shoulder in August, 2012 that revealed moderate reduction of the subacromial space with a possible intrasubstance tear of the infraspinatus without evidence of retraction and the presence of bursitis within the subacromial/subdeltoid bursa. The most recent evaluation of the patient's shoulder revealed significant pain rated at 7/10 to 8/10 that disrupts sleep patterns with significantly limited range of motion and inability to lift the patient's arm overhead. The patient's diagnoses included cervical spine strain, cervical radiculopathy, cervicogenic headaches, right shoulder rotator cuff tear and subacromial bursitis, and emotional stress. The patient's treatment plan included a diagnostic arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, Shoulder, Diagnostic, with or without Synovial Biopsy (separate procedure):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Diagnostic Arthroscopy and Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003922.htm>

Decision rationale: The requested arthroscopy shoulder diagnostic with or without synovial biopsy (separate procedure) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient had an MRI that did not clearly identify a lesion, but did provide evidence of suspicion of a lesion that would benefit from surgical intervention. Official Disability Guidelines recommend diagnostic arthroscopy for the shoulder when the patient has physical findings of impairment that does not respond to conservative measures and imaging studies are inconclusive. The patient does have significant pain complaints that have been recalcitrant to conservative therapy and the imaging study provided is inconclusive. Therefore, diagnostic arthroscopy of the shoulder would be supported. However, the request includes a synovial biopsy. An on-line resource indicates that this type of test is done during an arthroscopy to assist with the diagnosis of gout, bacterial infections, or other infections and some auto-immune disorders. The clinical documentation submitted for review does not support that the patient is suspected of a joint infection, any clinical indications to support the diagnosis of gout, or any other autoimmune disorders. Therefore, the need for a synovial biopsy is not indicated. Although a diagnostic shoulder arthroscopy would be supported, the request includes the possibility of a synovial biopsy which is not supported. Therefore, the entire request as it is written cannot be medically justified. As such, the requested arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) is not medically necessary or appropriate.