

Case Number:	CM13-0056771		
Date Assigned:	12/30/2013	Date of Injury:	09/24/2010
Decision Date:	03/10/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/16/2013

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 Spine Surgery and is licensed to practice in New York. 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 64-year-old female who sustained an injury on September 24, 2010. The patient complains of sharp pain in the left shoulder that occurs constantly. She has weakness in the arm and trouble lifting anything. Examination of the left shoulder demonstrated diffuse tenderness of the biceps tendon and restrictive active and passive range of motion due to pain. The patient has 4/5 strength of the shoulder flexion and abduction, with guarding with the empty can test. The patient has a positive Neer test and a positive Hawkins test and guarding with the O'Brien's test. MRI of the left shoulder from May 2013 demonstrated tiny focal partial thickness undersurface tear of the supraspinatus tendon without evidence of any full-thickness tears. There is a small amount of fluid within the subacromial bursa likely represented mild subacromial bursitis. There is a small amount of increased signal in the superior labrum likely representing some degenerative undersurface fraying without frank detachment tear. The patient has not had any improvement with physical therapy and the patient refuses injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy and debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211 and 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: This patient is a 64-year-old patient with significant medical comorbidities and history of complex regional pain syndrome. The patient should exhaust all conservative measures prior to considering shoulder surgery. The medical records do not indicate that the patient has documented all conservative measures. Specifically there is not a recent trial and failure of conservative measures to include physical therapy. There is no documentations of a recent trial and failure of subacromial injection treatment. The patient does not meet established criteria for shoulder surgery at this time. More conservative measures must be tried and failed. In addition, the patient does not have any red flag indicators for shoulder surgery such as evidence of complete rotator cuff tear with significant loss of motion. There is no evidence of the medical records of shoulder fracture or concerns shoulder tumor. Criteria for shoulder surgery are not met at this time.

Distal clavicle excision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211 and 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: This patient is a 64-year-old patient with significant medical comorbidities and history of complex regional pain syndrome. The patient should exhaust all conservative measures prior to considering shoulder surgery. The medical records do not indicate that the patient has documented all conservative measures. Specifically there is not a recent trial and failure of conservative measures to include physical therapy. There is no documentations of a recent trial and failure of subacromial injection treatment. The patient does not meet established criteria for shoulder surgery at this time. More conservative measures must be tried and failed. In addition, the patient does not have any red flag indicators for shoulder surgery such as evidence of complete rotator cuff tear with significant loss of motion. There is no evidence of the medical records of shoulder fracture or concerns shoulder tumor. Criteria for shoulder surgery are not met at this time.

Subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211 and 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: This patient is a 64-year-old patient with significant medical comorbidities and history of complex regional pain syndrome. The patient should exhaust all conservative measures prior to considering shoulder surgery. The medical records do not indicate that the patient has documented all conservative measures. Specifically there is not a recent trial and failure of conservative measures to include physical therapy. There is no documentations of a recent trial and failure of subacromial injection treatment. The patient does not meet established criteria for shoulder surgery at this time. More conservative measures must be tried and failed. In addition, the patient does not have any red flag indicators for shoulder surgery such as evidence of complete rotator cuff tear with significant loss of motion. There is no evidence of the medical records of shoulder fracture or concerns shoulder tumor. Criteria for shoulder surgery are not met at this time.