

Case Number:	CM13-0062161		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2012
Decision Date:	08/19/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Medicine 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 37 year old female with a date of injury on 10/24/2012. The diagnoses include cervical strain/sprain, left shoulder strain/sprain with tendinitis, impingement, and lumbar disc disease. Subjective complaints are of continued left shoulder pain with weakness and stiffness. Physical exam showed flexion of 135, abduction 90, external rotation 50, and internal rotation of 60. There was a positive impingement and drop arm test, and an equivocal thumb apprehension test. Records indicate that prior treatment has included physical therapy and TENS unit. An MRI of the left shoulder from 11/19/2012 showed fraying on the bursal surface of the supraspinatus and a type III acromion. On 9/16/2013 visit the patient was wishing to pursue conservative treatment, and was given a left shoulder steroid injection and follow-up was scheduled for 6 weeks to assess for improvement. Prior utilization review indicated that surgery was non-certified until efficacy of the steroid injection was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUCACROMIAL SPACE WITH PARTIAL ACROMIALPLASTY, WITH CORACOACROMIALLIGAMENT(IE ARCH)RELEASE,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209.

Decision rationale: The California MTUS indicates that referral for surgical consultation may be indicated for patients who have red-flag conditions, and activity limitation for more than four months. Also clear clinical and imaging evidence of a lesion should be present that has been shown to benefit from surgical repair. For this patient, the MRI from 2012 shows pathology in the shoulder and associated clinical exam findings. Submitted records show that a shoulder steroid injection was recommended as treatment. Subsequent records did not define the response to the injection. In considering an injection, it is appropriate to assess the efficacy of the treatment before proceeding to surgical intervention. Therefore, the medical necessity of shoulder surgery is not established at this time.