MAXIMUS Federal Services

Case Number:	CM13-0069339		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2012
Decision Date:	04/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; unspecified amounts of chiropractic manipulative therapy; electrodiagnostic testing of August 13, 2012, interpreted as negative for any radiculopathy or neuropathy; MRI imaging of the left shoulder of February 13, 2013, notable for a complete tear versus high-grade partial tear of the supraspinatus and infraspinatus tendons; and work restrictions. In a utilization review report of December 11, 2013, the claims administrator denied a request for a left shoulder subacromial decompression surgery. The claims administrator did not provide much in the way of rationale for the denial but did state that supporting information was not provided. The claims administrator stated that there is no evidence that the applicant had failed conservative treatment. An October 31, 2013 progress note is notable for comments that the applicant is pending authorization for shoulder surgery. The applicant reports persistent left shoulder pain that increases with repetitive overhead work. The applicant also has concomitant elbow pain and tenderness noted about the left shoulder subacromial bursa. Authorization for a left shoulder subacromial decompression procedure is sought while the applicant is given a rather proscriptive 10-pound lifting limitation. It does not appear that the applicant is working with said limitation in place. In an Agreed-Medical Evaluation of September 4, 2013, it is stated that the applicant has longstanding elbow, wrist, and shoulder pain reportedly associated with an industrial lifting injury of February 14, 2012. The applicant is off of work. The applicant is dropping articles owing to shoulder pain, it is stated, and has other multifocal pain complaints, it is also noted. The applicant was apparently given a 14% whole person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBACROMIAL DECOMPRESSION FOR LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, pages 560-561

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, subacromial decompression is "recommended" after failure of nonoperative care. In this case, the applicant has failed extensive nonoperative care with time, medications, physical therapy, manipulative therapy, etc. The applicant has signs and symptoms of persistent shoulder pathology. The applicant has radiographic evidence of a shoulder MRI demonstrating a high-grade rotator cuff tear. The applicant is now several years removed from the date of injury. Given the failure of conservative treatment, coupled with the positive MRI findings suggested above a high-grade rotator cuff tear, a surgical remedy is indicated. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.