

Case Number:	CM13-0070764		
Date Assigned:	01/08/2014	Date of Injury:	05/24/2012
Decision Date:	05/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesia has a subspecialty in Acupuncture & Pain 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 injured worker reported a date of injury of 5/24/12 with related left shoulder pain and weakness. Per 10/28/13 progress note, symptoms worsened with overhead activity. Range of motion was restricted on the left, with positive impingement signs. He was diagnosed with left shoulder acromioclavicular joint osteoarthritis. MRI of the left shoulder dated 6/19/13 demonstrated mild degenerative changes of the acromioclavicular joint with small quantity of fluid within the subacromial bursa. No labral or tendon tears. The injured worker was refractory to conservative treatment including physical therapy, chiropractic care, acupuncture, cortisone injection, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, SUBACROMIAL DECOMPRESSION, AND DISTAL CLAVICLE EXCLUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Surgery for impingement syndrome.

Decision rationale: The documentation submitted for review does not contain evidence of diagnostic injection test. Per 9/30/13 note, "As per qualified medical evaluator, patient should receive cortisone injection into his left shoulder before any surgical intervention. The patient received cortisone injection three-four months ago, which did not relieve his pain." Cortisone injection was done, but it was not specified where. The criteria call for an anesthetic injection, and although local anesthetic is often mixed with cortisone, this is not clearly documented, nor is the anesthetic phase response. As the criteria of temporary relief with AC joint injection was not met, the request for left shoulder arthroscopy, subacromial decompression, and distal clavicle exclusion is not medically necessary and appropriate.