

Case Number:	CM14-0000901		
Date Assigned:	04/23/2014	Date of Injury:	11/06/2009
Decision Date:	06/26/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery 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 patient is a 63 year old female who was injured on 11/06/2009. She sustained a work injury when she fell after she was pushed by a person. Diagnostic studies reviewed include x-rays show type II acromion. MRI of the shoulder shows a mild tendinopathy of the supraspinatus infrapinatus with no full thickness tear. PR2 dated 10/22/2013 states the patient presents 11 days status post left carpal tunnel compression. She also continues to have left shoulder discomfort. Physical findings show a left hand incision that is well-healed. Her left shoulder shows a mild limitation of flexion abduction and rotation. She has positive impingement sign. The patient is diagnosed with left shoulder impingement. It is recommended the patient should receive a left shoulder arthroscopy for her shoulder problem which is chronic. The plan is to proceed with shoulder arthroscopy, possible subacromial decompression and rotator cuff repair or other procedures as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH POSSIBLE SUBACROMIAL DECOMPRESSION AND ROTATOR CUFF REPAIR OR OTHER PROCEDURES AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 110-111.

Decision rationale: According to ACOEM guidelines, Shoulder Arthroscopic Decompression is considered as a surgical treatment for Impingement Syndrome, but this procedure is not indicated for patients with mild symptoms or those who have no activity limitations, and conservative care, including cortisone injections can be carried out for at least three to six months before considering surgery. Moreover; for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The medical records on 10/22/2013 do not document severe shoulder pain or limitation of activity, and the MRI shows there is full thickness tear. Also, the medical records on 04/10/2013 document satisfactory range of movement and strength in the left shoulder, in addition to a satisfactory relief from a previous subacromial injection. Therefore, the medical necessity of the left shoulder arthroscopy with possible subacromial decompression is not established. The request is not medically necessary and appropriate.