

Case Number:	CM14-0001636		
Date Assigned:	01/22/2014	Date of Injury:	01/03/2004
Decision Date:	04/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

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 Hand Surgery, and is licensed to practice in Texas. 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:

This female patient reported a work-related injury on 1/3/04. The mechanism of injury was not provided in the medical records. She is diagnosed with left shoulder acromioclavicular joint arthropathy. Her symptoms include left shoulder discomfort with radiation into her cervical spine. Her physical examination findings include a positive impingement sign, pain with shoulder adduction, tenderness to palpation over the AC joint, and decreased range of motion of the left shoulder to 70% normal. Her previous treatments included use of a shoulder brace, cortisone injections, home exercises, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER SUBACROMIAL DECOMPRESSION AND DISTAL CLAVICLE RESECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: According to the California MTUS/ACOEM guidelines, surgical intervention may be indicated for patients with red flag conditions, activity limitations for more

than 4 months, evidence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder with exercise programs, or for clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The guidelines further state that surgery for impingement syndrome is not indicated for patients with mild symptoms or who have no activity limitations. It further states that conservative care, including cortisone injections, should be carried out for at least 3-6 months before considering surgery. The clinical information submitted for review indicates that the patient has persistent symptoms of left shoulder discomfort and subjective shoulder weakness. Her previous treatments were noted to include home exercises, use of a brace, medication, and cortisone injections which were noted to provide benefit for 3-4 months, followed by a return of her symptoms. It was also noted with the medical record that the patient had a previous shoulder decompression which did not improve her symptoms; however, it is unknown when the patient had her previous surgery and what specific procedures were performed. It is also unclear whether the patient's conservative treatment, including cortisone injections, was provided before or after her previous surgery. Additionally, it is unclear whether the patient has participated in a supervised physical therapy program with failure to improve. Moreover, despite recent physical examination findings of a positive impingement sign, pain with adduction, and slightly decreased range of motion, it is unclear whether the patient has significant weakness in the shoulder or evidence of a lesion on imaging as no MRI reports or other imaging studies were provided for review. Further, the most recent note provided indicated that the patient experienced left shoulder discomfort, but she continued to work full duty. Therefore, it is unclear whether the patient's symptoms are beyond the mild range or whether she has activity limitations to warrant surgery. For the above reasons, the patient does not meet the criteria for surgery at this time. As such, the request is non-certified.

12 POSTOPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.