

Case Number:	CM14-0002256		
Date Assigned:	01/24/2014	Date of Injury:	01/08/2013
Decision Date:	06/16/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 injured worker is a 50-year old female who reported injury 01/08/2013. The mechanism of injury was sprains and strains on specified site of shoulder and upper arm. The mechanism of injury was attributed to repetitive use. The injured worker underwent physical therapy. The injured worker underwent an EMG/NCV of the bilateral upper extremities on 08/19/2013 which revealed an abnormal EMG in the right active C6 denervation by electrodiagnostic criteria. The injured worker underwent a CT right shoulder arthrogram on 08/23/2013 which revealed a very mild partial articular surface tear of the supraspinatus tendon and no evidence of convincing full thickness rotator cuff tear. There were mild hypertrophic changes of the acromioclavicular joint, as well as some mild degenerative changes of the right humeral head. There was no DWC form RFA nor PR2 submitted for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY DECOMPRESSION QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The ACOEM Guidelines indicate that surgery for the right shoulder is usually arthroscopic decompression, and it is not indicated for patients with mild symptoms or those who have no activity limitations. There should be documentation of conservative care, including cortisone injections for at least 3 to 6 months before considering surgery. Additionally, the surgery is along the same continuum as rotator cuff surgery and as such, there must be findings upon imaging indicating impingement. The clinical documentation submitted for review indicated the injured worker had undergone physical therapy. There was a CT of the right shoulder arthrogram, which indicated the injured worker had an articular surface tear of the supraspinatus tendon and had positive electrodiagnostic testing. There was no Department of Workers' Compensation (DWC) form RFA nor PR-2 with an objective physical examination submitted for review. As such, the surgery was not supported. Given the above, the request for right shoulder arthroscopy decompression quantity 1 is not medically necessary.