

Case Number:	CM14-0002398		
Date Assigned:	01/24/2014	Date of Injury:	02/05/2012
Decision Date:	06/24/2014	UR Denial Date:	12/13/2013
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 patient is a 49-year-old female who has submitted a claim for Right Shoulder Impingement Syndrome with Acromioclavicular Arthritis, Labral Tear, Partial Supraspinatus Tear; and Herniated Discs at C4-5, C6-7, L2-3, and L3-4, associated with an industrial injury date of February 5, 2012. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain, 7-8/10, radiating to both lower extremities. She also complained of neck pain, 7-8/10, radiating to the bilateral upper extremities. On physical examination, there was decreased range of motion of the cervical spine. Spurling test was positive, while Lhermitte sign was negative. Right shoulder examination revealed adequate range of motion. Resisted abduction and external rotation reproduced pain. Impingement sign was positive. There was tenderness of the acromioclavicular joint and O'Brien's test was positive on the right. She had normal gait. Range of motion of the lumbar spine was decreased. Motor examination of the upper extremities was unremarkable. MRI of the right shoulder, dated September 1, 2013, revealed normal results. The requesting physician reviewed this MRI and found that there was a probable 50-60% partial tear at the insertion of the supraspinatus. Treatment to date has included medications, acupuncture, physical therapy, right shoulder injection, and functional restoration program. Utilization review from December 13, 2013 denied the request for right shoulder arthroscopy because the clinical information submitted for review failed to meet the evidence-based guidelines for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, 9, 210

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: According to pages 209-211 of the ACOEM Practice Guidelines referenced by CA MTUS, rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. For partial full-thickness and small tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy. In addition, conservative care including cortisone injections can be carried out for at least three to six months before considering surgery. In this case, right shoulder arthroscopy with possible rotator cuff debridement and/or repair, possible SLAP repair, acromioplasty, and a Mumford procedure was recommended. However, MRI of the right shoulder dated September 1, 2013 revealed normal results. The requesting physician reviewed this MRI and found that there was a probable 50-60% partial tear at the insertion of the supraspinatus; thus, imaging findings are questionable because of conflicting interpretation. Furthermore, the latest progress note did not provide evidence of shoulder complaints that impaired the patient's activities. There was also no discussion regarding failure of conservative management. There is no clear rationale for the requested procedure; therefore, the request for RIGHT SHOULDER ARTHROSCOPY is not medically necessary.