

Case Number:	CM14-0003719		
Date Assigned:	01/31/2014	Date of Injury:	04/10/1995
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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 an employee of [REDACTED] and has submitted a claim for neck and back pain associated with an industrial injury date of April 10, 1995. Treatment to date has included medications and steroid injection to the right shoulder. Medical records from 2013 were reviewed, which showed that the patient complained of neck and back pain. On physical examination, the patient exhibited signs of claudication with an L5 radiculopathy on the right. MRI of the right shoulder dated August 4, 2013 revealed supraspinatus tendinosis, biceps tenosynovitis, minimal subacromial bursitis, osteoarthropathy of acromioclavicular joint, and subchondral cyst/erosion at the lateral aspect of humeral head. The utilization review from December 20, 2013 denied the request for outpatient right shoulder subacromial decompression because there was no documentation of formal treatment to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT SHOULDER SUBACROMIAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, surgical intervention is supported for patients who have red flag conditions, activity limitation for more than four months, failure of exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. In this case, a right shoulder subacromial decompression was requested after a positive diagnostic injection test. Subacromial decompression is a procedure indicated for impingement syndrome; however, the medical records failed to document subjective and objective findings of a possible impingement syndrome. Furthermore, the MRI of the right shoulder failed to reveal the existence of a surgical lesion. Moreover, there was no discussion regarding trial and failure of conservative care, including strengthening exercises. There is no clear indication for surgical management for the right shoulder at this time; therefore, the request for outpatient right shoulder subacromial decompression is not medically necessary.