

Case Number:	CM14-0004275		
Date Assigned:	02/05/2014	Date of Injury:	10/09/2012
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 bilateral shoulder and bilateral elbow pain associated with an industrial injury date of October 9, 2012. Treatment to date has included medications, physical therapy, and cortisone injection. Medical records from 2013 were reviewed, which showed that the patient complained of bilateral shoulder and bilateral elbow pain, left more than the right. On physical examination of the bilateral shoulder, forward elevation was up to 140 degrees, external rotation was up to 70 degrees, and internal rotation was to the mid lumbar level. AC joints, greater tuberosity, and proximal biceps were tender. Rotator cuff strength was decreased and tendon signs were reported. Impingement test was positive bilaterally. An MRI of the left shoulder dated July 17, 2012 revealed tendinosis of the rotator cuff and no frank tear was seen. A left shoulder radiograph dated November 25, 2013 revealed hypertrophic spurring of the acromioclavicular joint and a small subacromial spur was seen. No fracture was seen. A utilization review from December 27, 2013 denied the request for 1 left shoulder decompression, debridement, with possible labral repair and possible rotator cuff repair, as an outpatient because there were no imaging studies and objective physical examination findings documented to support the medical necessity of the requested surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER DECOMPRESSION, DEBRIDEMENT, WITH POSSIBLE LABRAL REPAIR AND POSSIBLE ROTATOR CUFF REPAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004., CHAPTER 9 (SHOULDER COMPLAINTS), 207,208,209

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

Decision rationale: The ODG states that acromioplasty for impingement syndrome may be considered medically necessary when all of the following criteria are met: conservative care for 3 to 6 months, subjective findings of pain with active arc motion and pain at night; objective findings of weak abduction, tenderness over the rotator cuff, and positive impingement sign; and imaging findings showing positive evidence of impingement. In this case, objective findings of impingement were documented. However, subjective findings did not specify presence of pain at night or pain with active arc motion. Moreover, the duration of conservative management was not documented. Furthermore, imaging findings did not show positive evidence of impingement. Imaging studies also revealed no frank rotator cuff tear; thus, possible rotator cuff repair is not warranted. The ODG criteria for decompression surgery were not met; therefore, the request is not medically necessary.