

Case Number:	CM14-0019092		
Date Assigned:	04/23/2014	Date of Injury:	06/10/2010
Decision Date:	08/13/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 Surgeon and Hand Surgeon 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:

The injured worker is a 63-year-old female who reported an injury on 06/10/2010. The mechanism of injury was not provided. The injured worker had a carpal tunnel surgery in 2007. The injured worker underwent an MRI of the right shoulder without contrast on 10/23/2013 which revealed there was moderate to marked acromioclavicular degenerative joint disease, and no tear was identified. There was trace fluid in the subacromial subdeltoid bursae, which may be indicative of bursitis. The physical examination of 01/09/2014 revealed the injured worker had pain in the right shoulder. The injured worker indicated the right shoulder pain radiated down the entire right arm to the hands and the fingers with numbness and tingling. The injured worker indicated that the pain was better with heat, rest, and a TENS unit. The injured worker indicated that she had right wrist pain that was aggravated with movement and lifting and got better with heat and rest. It was indicated the injured worker had exhausted physical therapy and had 24 sessions of physical therapy for the right upper extremity. The physical examination revealed the injured worker had flexion of 110 degrees on the right and 170 degrees on the left with pain. There was tenderness to palpation of the right shoulder. The neurological examination was within normal limits. The diagnoses included shoulder impingement syndrome with AC joint inflammation, rotator cuff strain, bicipital tendinitis worse on the right, carpal tunnel syndrome bilaterally, CMC joint inflammation bilaterally, as well as STT joint inflammation and medial and lateral epicondylitis bilaterally. The treatment plan included the injured worker had exhausted all conservative treatment and was wishing to proceed with surgery. The request was made for a right shoulder arthroscopy and decompression Mumford procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RIGHT SHOULDER ARTHROSCOPY WITH DECOMPRESSION MUMFORD
PROCEDURE:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210,211,214.

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

Decision rationale: The ACOEM Guidelines recommended a surgical consultation may be appropriate for injured workers who have a red flag condition, activity limitations for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair. Additionally, they indicate the surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for injured workers 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. The clinical documentation submitted for review indicated the injured worker had failed conservative care. However, there was a lack of documentation indicating the injured worker had a trial and failure of a cortisone injection. This portion of the request would not be supported. Given the above, the request for 1 right shoulder arthroscopy with decompression Mumford procedure is not medically necessary.