

Case Number:	CM14-0127356		
Date Assigned:	08/15/2014	Date of Injury:	05/04/2009
Decision Date:	09/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 claimant is a 48-year-old female who sustained a vocational injury while working as a media consultant on May 4, 2009. The medical records provided for review document current working diagnoses of status post left shoulder dislocation, status post cervical spine fusion, right shoulder instability, psychological issues, and bilateral carpal tunnel syndrome. The office note dated July 10, 2014 documented that examination revealed excellent rotation to the side of the shoulder with 45 degrees symmetrically. There was normal external rotation at her side as well internal rotation strength. Passive motion guarded, noting positive abduction at 85 degrees. Active assisted forward flexion of the shoulder noted to 120 degrees with guarding above this because of a sensation of subluxability. In the horizontal plane there was no guarding but there was intermittent muscle guarding throughout the arc of motion and higher. Motion appeared to be minimally restricted with guarding. Examination of the left upper extremity neurologically revealed vaguely altered sensation but no frank numbness in the radial aspect of the arm in all five digits in a non-dermatomal pattern. Sensation was present to touch in all areas. Reflexes were symmetric and 2+ in the biceps, triceps, and brachioradialis. Motor strength in the hand and wrist was normal. Reflexes were symmetric at 2+. Hand strength was normal/ The office note dated July 9, 2014 noted that the claimant's bilateral shoulder symptoms were exacerbated with work over the shoulder level involving the bilateral upper extremities as well as with the performance of some of her activities of daily living. Tenderness noted over the anterior capsules of both shoulders. Range of motion was restricted of the bilateral shoulders essentially in all planes and she had positive impingement of the left shoulder. The records document that conservative treatment has included Norco and over the counter ibuprofen. The report of an MRI of the left shoulder with intraarticular contrast from June 11, 2014 showed a

Perthes lesion, findings suggestive of a remote osseous injury of the anterior inferior glenoid, and tendinosis of the supraspinatus and infraspinatus.

IMR ISSUES, DECISIONS AND RATIONALES

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

L Shoulder arthroscopic assessment stabilization: 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: The current request for left shoulder arthroscopic assessment and stabilization cannot be recommended as medically necessary. The California ACOEM Guidelines recommend activity limitations for more than four months plus the existence of a surgical lesion along with failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs prior to consideration for surgery. ACOEM Guidelines also recommend surgery when there have been multiple traumatic shoulder dislocations if the shoulder has limited functional ability and if muscle strengthening fails. In the acute phase, shoulder dislocations can be immobilized for up to three weeks, although recommendations for immobilization over a period of as short as three days have appeared in the literature. If shoulder instability is present only with violent force from overhead activity, activity modification is recommended. Surgery can be considered with patients who are symptomatic with all overhead activities and in patients who have had two to three episodes of dislocation instability that limited their activities between episodes. The medical records provided for review do not document that the claimant has attempted, failed, and exhausted all conservative treatment to include activity modification, formal physical therapy, and a home exercise program. There is a lack of documentation of recurrence of instability and a lack of documentation of activity modification. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the left shoulder arthroscopic assessment and stabilization is not medically necessary.