

Case Number:	CM14-0168962		
Date Assigned:	10/17/2014	Date of Injury:	03/05/2014
Decision Date:	11/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopaedic 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:

This 40-year-old male sustained an industrial injury on 3/5/14. Injury occurred when he was pushing heavy carts at work and felt a "pinch" in his left shoulder with onset of immediate anterior shoulder pain and increasing stiffness. The 4/21/14 left shoulder x-rays revealed no evidence of glenohumeral joint osteoarthritis. There was narrowing of the acromioclavicular (AC) joint indicating early AC joint arthritis. The 4/28/14 left shoulder MRI impression documented moderate degenerative changes of the AC joint. There was tendinopathy and minor partial tearing, predominantly of the supraspinatus and infraspinatus, with associated mild subacromial/subdeltoid bursitis. The 5/15/14 treating physician report reported left neck and radiating arm pain for more than 2 months. During episodes of neck pain, there was excruciating pain radiating from the neck to the left arm and right forearm with inability to flex his fingers. The patient had a left shoulder subacromial injection on 5/12/14 with no improvement. Physical exam documented normal cervical range of motion and slightly decreased left shoulder range of motion in internal/external rotation. Gait was normal. Spurling's and Hoffman's tests were negative bilaterally. Hawkin's, Neer's and cross arm tests were positive over the left shoulder. O'Brien's was equivocal. Bilateral upper extremity strength, sensation, and reflexes were within normal limits. The treatment plan recommended physical therapy for the left shoulder, including strengthening exercise. The available physical therapy records documented treatment for a primary complaint of neck pain. Records indicated that treatment was limited to manual therapies and shoulder taping over 3 visits in June/July 2014. There was no documentation of exercise or home exercise program instruction. The 8/14/14 cervical spine MRI documented left C5/6 uncovertebral spurring with mild left neuroforaminal narrowing. The 9/22/14 electrodiagnostic testing was reported as normal with no evidence of left cervical radiculopathy, brachial plexopathy, or left upper limb mononeuropathy. The 9/25/14 orthopedic report cited

persistent left shoulder pain. Worsening radicular pain was reported from the neck extending all the way down the arm and numbness in the index, middle and ring fingers. Physical exam documented tenderness to palpation about the distal clavicle, and positive Spurling's sign with radicular symptoms in the index, middle and ring fingers. He had full strength in the wrist extensors, flexors, and interossei. He had a negative Phalen's sign, positive Durkan's sign at the wrist, negative Tinel's sign at the elbow, and negative elbow flexion testing. The treatment plan recommended living with the shoulder the way it was or surgery to include left shoulder arthroscopic subacromial decompression, debridement, and open distal clavicle resection. The 10/3/14 utilization review denied the request for left shoulder surgery based on concerns of cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Subacromial Decompression, Open Distal Clavicular Excision.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Chapter Shoulder, (Acute & Chronic), Criteria for rotator cuff repair OR anterior acromioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. There is no current documentation of a positive left shoulder diagnostic injection treatment. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the left shoulder and failure has not been submitted. Therefore, this request is not medically necessary.