

Case Number:	CM14-0175284		
Date Assigned:	10/27/2014	Date of Injury:	05/16/2012
Decision Date:	12/03/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Alaska & 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 26-year-old male who reported an injury on 05/16/2012. The mechanism of injury involved a fall. The current diagnoses include left shoulder impingement syndrome with tendonitis and lumbar spine herniated disc at L4-S1 with right sided S1 radiculopathy. The injured worker was evaluated on 09/10/2014 with complaints of persistent left shoulder and lower back pain. Previous conservative treatment is noted to include trigger point injections. The physical examination of the left shoulder revealed mild swelling, rotator cuff weakness, pain with motion, positive Neer's and Hawkins sign, 160 degrees flexion and abduction, and 60 degrees internal and external rotation. Treatment recommendations at that time included an open subacromial decompression of the left shoulder. A Request for Authorization form was then submitted on 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Open Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. Surgery for impingement syndrome is usually arthroscopic decompression. Conservative care, including cortisone injections can be carried out for at least 3 to 6 months. There was no mention of an exhaustion of conservative treatment. There was no imaging studies provided for this review. Based on the clinical information received, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically appropriate.