

Case Number:	CM14-0024578		
Date Assigned:	06/11/2014	Date of Injury:	11/26/2012
Decision Date:	08/12/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 49-year-old female who reported an injury on 11/26/2012 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/21/2014, the injured worker reported that a right shoulder injection helped; however, the injured worker stated that she continued to have pain with overhead activities. Prior treatments included physical therapy, injections and prescribed medications as well as a right shoulder arthroscopy dated from 2011. The physical examination of the right shoulder revealed mild tenderness with palpation over the anterior rotator cuff. The range of motion of the right shoulder revealed flexion of 0 to 160 degrees, abduction 0 to 130 degrees, external rotation of 0 to 35 degrees and internal rotation to L2. The physical examination of the right shoulder also revealed a positive impingement sign and a positive Hawkins sign; drop arm sign produced pain and weakness. The strength was noted as external rotation at 5/5, internal rotation 5/5 and abduction 5/5. There were no neurological deficits annotated. Imaging studies were noted to include an ultrasound of the right shoulder that showed rotator cuff tendinosis and interstitial tearing. A Doppler of the right shoulder showed mild subacromial bursitis and no deep vein thrombosis. The diagnoses included right lateral elbow epicondylitis, right shoulder rotator cuff tendinosis and impingement and resolved right wrist synovitis. The treatment plan included a request for surgical treatment for the right shoulder, arthroscopy and decompression due to the injured worker's persistent symptoms with conservative treatment, to include anti-inflammatories, analgesics, physical therapy and cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPPER EXTREMITY STUDY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Guidelines state that special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, providing that red flag conditions are ruled out. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Primary criteria for ordering imaging studies are: the emergence of a red flag (e.g., indications of intraabdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; and for clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of prescribed medications. There is also a lack of documentation pertaining to the use of prescribed medications. Additionally, the physical examination of the right shoulder did not annotate any neurological or functional deficits. Furthermore, there is a lack of documentation of the injured worker showing a failure to progress in a strengthening program, such as physical therapy. Therefore, the request for an Upper Extremity Study is not medically necessary.