

Case Number:	CM14-0026713		
Date Assigned:	08/06/2014	Date of Injury:	10/08/2012
Decision Date:	09/10/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 is a 32-year-old female who sustained a vocational injury on 10/08/12. The most recent office note available for review from 08/01/14 provides diagnosis of cervical and thoracic strain, cervical degenerative disc disease with stenosing C5-7, left cervical radiculitis, which is persistent, and left shoulder impingement syndrome. The claimant had severe and persistent pain through her neck, left arm and shoulder. On examination, she had a well healed surgical scar of the left side of the neck. There is minimal guarding of the cervical spine. There is tenderness to palpation of the left trapezius muscle and left paracervical muscle. She had a positive cross over maneuver test of the left shoulder. She had decreased range of motion and positive Hawkins impingement sign of the left shoulder. A left shoulder MRI from 08/23/13 noted mild supraspinatus, infraspinatus and subscapularis tendinosis. There is also mild acromioclavicular osteoarthritis and a small joint effusion. EMG/nerve conduction studies from 07/08/14 were normal. Documentation suggests that the claimant had subacromial space and AC joint injection on 11/07/13, which helped for approximately two months. The current request is for a left shoulder arthroscopy, distal clavicle excision and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, excision distal clavicle, Subacromial Decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Secondary Guidelines: Work Loss Data

Institute On-line- Official Disability Guidelines, Treatment in Workers Compensation. Integrated Treatment/Disability Duration Guidelines.Shoulder (Acute & Chronic.).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, pages 209-210, 211 and on the Non-MTUS Official Disability Guidelines (ODG), Shoulder chapter, Indications for Surgery.

Decision rationale: California MTUS ACOEM Guidelines have been referenced with supplemental referencing from Official Disability Guidelines from the shoulder chapter. California MTUS ACOEM Guidelines and Official Disability Guidelines both suggest the claimant should have continuous conservative treatment for a period of three to six months in the form of formal physical therapy, antiinflammatories, activity modification, and consideration of injections prior to considering and recommending surgical intervention with the current diagnosis. Currently, documentation fails to exhibit that the claimant has attempted, failed and exhausted conservative treatment for a period of a minimum of three to six months prior to recommending and considering surgical intervention. In addition, documentation suggests that the claimant has an ongoing as well as a previous history of cervical neck pathology with radicular complaints and documentation is not clear as to whether the ongoing shoulder complaints are related to the cervical spine or indeed to the left shoulder pathology identified on physical exam and on an MRI from 08/23/13. Furthermore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines and Official Disability Guidelines, the request for the left shoulder arthroscopy, distal clavicle excision and subacromial decompression cannot be considered medically necessary.