

Case Number:	CM14-0027786		
Date Assigned:	06/13/2014	Date of Injury:	09/17/1997
Decision Date:	08/04/2014	UR Denial Date:	02/14/2014
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 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 57-year-old male who reported an injury on 09/17/1997. The mechanism of injury was not specifically stated. Current diagnoses include cervical spine sprain, left shoulder sprain, lumbar spine sprain, and left knee sprain. The injured worker was evaluated on 01/07/2014 with complaints of persistent pain in the left shoulder, lower back, and neck, as well as numbness in the right upper extremity. Physical examination of the left shoulder revealed decreased range of motion with positive impingement testing and positive Codman's testing. Treatment recommendations included authorization for a left shoulder arthroscopy with subacromial decompression. It is noted that the injured worker underwent an MRI of the left shoulder on 05/10/2012, which indicated degenerative changes of the acromioclavicular joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211,214.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3 to 6 months prior to considering surgery. As per the documentation submitted, the injured worker's MRI of the left shoulder only indicated degenerative changes of the acromioclavicular joint. There was no mention of an attempt at conservative treatment to include a cortisone injection trial. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request for 1 left shoulder arthroscopy with subacromial decompression is not medically necessary.

1 SHOULDER SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request for 1 SHOULDER SLING is non-certified.

30 DAYS USE OF COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request for 30 DAYS USE OF COLD THERAPY UNIT is non-certified.

1 INTERNAL MEDICINE SURGICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request for 1 INTERNAL MEDICINE SURGICAL CLEARANCE is non-certified.