MAXIMUS Federal Services

Case Number:	CM14-0031420		
Date Assigned:	04/09/2014	Date of Injury:	01/28/2013
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 Hand 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 reported injury on 04/27/2009. The mechanism of injury was not provided. The documentation of 12/20/2013 revealed the injured worker had bilateral shoulder pain, with worse right than left. It was indicated the injured worker had been managed conservatively for an "extensive time" that progressively was getting worse. The physical examination revealed limitation range of motion to both shoulders with positive impingement signs bilaterally worse right than left. The diagnoses included status post prior rotator cuff repair, right shoulder with persistent impingement, status post left shoulder arthroscopic subacromial decompression with impingement. The recommendation was for a right shoulder arthroscopic subacromial decompression due to the inability to sleep and medications. Subsequent documentation dated 02/19/2014 revealed the injured worker had tenderness in the right shoulder diffusely. The right shoulder abduction was 90 degrees and the injured worker had positive impingement signs. It was indicated the injured worker failed postoperative physical therapy for greater than 24 sessions. The injured worker's right shoulder surgery in 2010 gave her initial improvement; however, the condition was worsened markedly with most recent injury of 01/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: ACOEM Guidelines indicate that surgery for impingement syndrome is usually arthroscopic decompression. The guidelines go on to state that this procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections should be utilized for 3 to 6 months before considering surgery and there should be an MRI and an X-ray that reveals positive evidence of impingement. The clinical documentation submitted for review indicated the injured worker had failed conservative care. There was lack of documentation indicating a temporary relief of pain with anesthetic injection and there were no official MRI results indicating the injured worker had positive evidence of impingement. Given the above, the request for a right arthroscopy with subacromial decompression is not medically necessary.