

Case Number:	CM14-0036246		
Date Assigned:	06/25/2014	Date of Injury:	10/26/2011
Decision Date:	08/05/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 Shoulder and Elbow Surgery and is licensed to practice in California and Utah. 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 51-year-old female who reported injury on 10/26/2011. The injured worker had an MRI of the left shoulder without contrast on 03/28/2013 which revealed supraspinatus and infraspinatus had tendinosis without discrete tear. There was a 7 x 2 mm low signal focus within the posterior infraspinatus tendon at the footprint suggesting calcifications. The injured worker had a type II acromion with preservation of the subacromial space. The longhead biceps tendon was intact. The posterior superior labral tearing was from the 10 o'clock to 12 o'clock position. There was either further anterior or superior labral tearing versus normal variant sub labral foramen. Other treatments included physical therapy. The injured worker underwent a left shoulder injection. The mechanism of injury was the injured worker was strapping a patient into a bus seat and was pulling down one of the straps and did not have enough room to pull down. The injured worker underwent physical therapy and the use of a TENS unit which provided temporary relief. The complaints on date of examination of 10/01/2013 were stabbing pains and pressure from the left side of her neck and front and back of the shoulder down to the mid back and low back throughout the day. The pain was exacerbated by lifting, reaching, pushing, and pulling and relieved by rest, medications and ice. The physical examination revealed there was tenderness to deep palpation over the anterior and posterior shoulder. There was focal left acromial joint tenderness. There was decreased range of motion in abduction, internal rotation, extension and adduction. The injured worker had a positive left shoulder subacromial impingement sign. The Speed's sign was positive on the left shoulder. The diagnoses included chronic left shoulder subacromial impingement syndrome, probable left shoulder rotator cuff calcific tendinosis, and rule out tear, symptomatic left acromioclavicular degenerative arthritis and cervical hypertrophic degenerative spine disease. The treatment plan

included a left shoulder corticosteroid injection and arthroscopic surgical treatment. The physician further documented that specifically arthroscopic evaluation, debridement, decompression, distal clavicle excision and repair of a possible biceps tenodesis were reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgical treatment left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Diagnostic Arthroscopy.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address diagnosis arthroscopy. The Official Disability Guidelines indicate that a diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. The injured worker had objective findings upon MRI and physical examination. The request as submitted failed to indicate the type of surgical treatment that was being requested. As such, there could be no application of guidelines and indications for surgical interventions. Given the above, the request for arthroscopic surgical treatment left shoulder is not medically necessary.