

Case Number:	CM14-0038596		
Date Assigned:	06/27/2014	Date of Injury:	08/23/2012
Decision Date:	08/27/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 49-year-old male who reported an injury on 05/23/2012. The prior surgeries included an anterior cervical discectomy and fusion and left shoulder surgeries. Prior treatments included anti-inflammatories, physical therapy, and injections for more than 1 year. The documentation of 10/23/2013 revealed the injured worker had complaints of neck pain radiating to the bilateral arms, bilateral shoulder pain, and low back pain radiating to the bilateral legs. The medications were noted to be as needed for pain. The medications were not provided. The injured worker had a positive Neer's sign in the bilateral shoulders. The range of motion of the shoulders was within normal limits. The motor strength was 5/5 bilaterally. The sensation was diminished over the bilateral C6 dermatomes. Sensation was intact to all other dermatomes. Biceps, triceps, and brachioradialis reflexes were 2+. The documentation indicated the injured worker underwent an MRI of the shoulders, which revealed bilateral impingement syndrome. The diagnoses included bilateral shoulder impingement syndrome. The treatment plan included as the injured worker had failed conservative treatment, including anti-inflammatories and physical therapy for more than 1 year and had a positive provocative finding on physical examination that was concordant with MRI findings, the injured worker was in need of a left shoulder arthroscopy and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair. The clinical documentation submitted for review indicated the injured worker had a failure of conservative care. There was documentation of positive impingement signs. However, there was a lack of documentation of an official imaging report to support the necessity for surgical intervention. Additionally, the request as submitted failed to indicate the specific procedure that was being requested. The clinical documentation indicated the request was supposed to be for a left shoulder surgery. However, the request as submitted was for a right shoulder arthroscopy. Given the above, the request for a right shoulder arthroscopy is not medically necessary.