

Case Number:	CM14-0043966		
Date Assigned:	07/02/2014	Date of Injury:	02/19/2009
Decision Date:	09/24/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 is a 58-year-old female who reported injury on 02/19/2009. The surgical history included a spinal fusion on 09/27/2013. The mechanism of injury was not submitted provided. The injured worker had an MRI of the cervical spine, x-rays of the cervical spine, and x-rays of the lumbar spine, as well as nerve conduction studies of the bilateral upper extremities. The injured worker had an MRI of the lumbar spine without contrast. The MRI of the lumbar spine was dated 02/18/2014. The impression was noted to include disc desiccation to L5-S1 with associated loss of disc height at this level. At the level of L5-S1 there was a broad based posterior disc herniation indenting the thecal sac with concurrent hypertrophy of the facet joints and ligamentum flava causing stenosis of the bilateral neural foramen. The disc measurements in neutral were 3.8 mm and in flexion and extension 4.0 mm. The injured worker underwent an MRI of the left shoulder on 02/18/2014, which revealed the acromion was curved and anteriorly downsloping. The acromioclavicular joint was within normal limits. There was a partial bursal surface tear of the supraspinatus tendon. The documentation of 03/27/2014 revealed the injured worker had cervical neck pain, left shoulder pain, and low back pain. The physical examination of the lumbar spine revealed a straight leg raise that was positive on the left side. There was a positive Lasegue's sign. The injured worker had radicular pain at S1, terminating in the plantar aspect of the foot. There was sciatic notch tenderness to palpation on the left side. The left shoulder examination revealed a positive impingement sign, subacromial tenderness to palpation, and AC joint tenderness to palpation. The injured worker had restricted range of motion in forward flexion. The diagnoses included status post cervical fusion, cervical discogenic disease, cervical facet arthrosis, cervical spine sprain and strain, left shoulder rotator cuff impingement bursal tear, lumbar discogenic disease by history, and lumbar radiculitis left lower extremity. The treatment plan included a refill of medications, including Norco 325 mg 1 or 2 tablets by

mouth twice a day #180 and an L5-S1 epidural block x3. The additional treatment plan included an open decompression of the left shoulder for a rotator cuff tear. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Decompression surgery: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, a 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. Additionally, they indicate that for partial thickness rotator cuff tears and small full thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for 3 months. The clinical documentation submitted for review failed to provide documentation of the conservative care that was participated in. The injured worker had objective findings upon physical examination and MRI. However, as they was a lack of documentation of the duration of conservative care and the type of conservative care that was provided, this request would not be supported. Given the above, the request for Left Shoulder Decompression surgery is not medically necessary.