

Case Number:	CM14-0048147		
Date Assigned:	07/07/2014	Date of Injury:	08/23/2011
Decision Date:	08/06/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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 California. 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 55-year-old female who reported an injury on 08/23/2011, secondary to heavy lifting. The current diagnoses include left rotator cuff impingement, left biceps/SLAP tear, and left carpal tunnel syndrome. The injured worker was initially evaluated on 04/15/2014. It was noted that the injured worker failed 2 corticosteroid injections for the left shoulder. Physical examination revealed positive Neer and Hawkins testing and painful arc of motion. The injured worker was then seen on 05/09/2014 for a followup visit. It was noted that the injured worker had been issued authorization for a left shoulder arthroscopic surgery, which was scheduled on 06/23/2014. Physical examination was not provided on that date. Treatment recommendations included preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Subacromial Decompression: Upheld

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

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

Decision rationale: The ACOEM Guidelines state a 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 an arthroscopic decompression. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months prior to surgery. As per the documentation submitted, there is mention of previous treatment with cortisone injections. However, there is no mention of an exhaustion of other means of conservative treatment to include exercise/physical therapy. Physical examination only reveals positive impingement sign and painful arc of motion. There is no documentation of a significant functional limitation. There were also no imaging studies provided for this review. Based on the clinical information received, the request is not medically necessary and appropriate.