

Case Number:	CM14-0054235		
Date Assigned:	07/07/2014	Date of Injury:	02/21/1997
Decision Date:	08/28/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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 Orthopaedic Surgery and is licensed to practice 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:

This 52-year-old male sustained an industrial injury on 2/21/97, relative to stacking cases of cheese. The patient was status post bilateral shoulder decompression, bilateral cubital tunnel decompression, and bilateral carpal tunnel decompression. Surgical dates were not available. The 2/28/14 left shoulder MRI impression documented distal supraspinatus tendinopathy without cuff tear or tendon retraction, moderate acromioclavicular degenerative joint disease, and small subacromial subdeltoid fluid and small joint effusion. The 3/14/14 treating physician report cited right hand and left shoulder pain. The left shoulder pain has gotten progressively worse for a number of years. Pain radiated down the arm. The patient had had therapy for a number of years and was unable to undergo steroid injections due to diabetes. A left shoulder arthroscopy, decompression and modified Mumford procedure was requested. Surgery would be delayed for better blood pressure control. The patient was taking very limited medications due to gastritis. Physical exam findings documented tenderness along the left shoulder rotator cuff and biceps tendon. He had full strength and positive impingement, Hawkin's and Speed's tests. He was to continue with ice and heat and TENS unit. He was not working due to a low back injury. The 4/4/14 utilization review denied the request for left shoulder arthroscopy based on a lack of recent conservative care and exam findings. Records documented recent physical therapy treatment directed to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy, Decompression, and Modified Mumford Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome, Partial claviclectomy.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria for partial claviclectomy generally require 6 weeks of directed conservative treatment, subjective and objective clinical findings of acromioclavicular (AC) joint pain, positive diagnostic injection, and imaging findings of AC joint post-traumatic changes, severe degenerative joint disease, or AC joint separation. Guideline criteria have not been met. There is no documentation of painful arc of motion, weak abduction or a positive diagnostic injection test. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed to the left shoulder had been tried and failed. Therefore, this request for left shoulder arthroscopy, decompression, and modified Mumford procedure is not medically necessary.