

Case Number:	CM14-0061540		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2012
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine 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 patient is a 51-year-old male who has submitted a claim for right shoulder subacromial impingement with tendinitis associated with an industrial injury date of March 1, 2012. Medical records from 2013-2014 were reviewed. The patient complained of persistent right shoulder pain, rate 5/10 in severity. The pain radiates to the right elbow and fingers, associated with locking, pins and needles, numbness, pressure, and tension sensations. It was aggravated by elevation and repetitive lifting. He also experiences popping and cracking in the shoulder with associated pain. Physical examination showed tenderness over the acromial space with positive impingement test. There was limited range of motion of the right shoulder due to pain. MRI of the right shoulder, dated January 27, 2014, revealed supraspinatus tendinosis, minimal subacromial bursitis, and minimal glenohumeral joint effusion. EMG/NCV of the upper extremities, dated February 7, 2014, showed findings suggestive of bilateral carpal tunnel syndrome and bilateral chronic active C5-C6 radiculopathy. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, shoulder steroid injections, and extracorporeal shockwave treatment. Utilization review, dated April 17, 2014, denied the request for right shoulder arthroscopy with subacromial decompression. Reasons for denial were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with subachromial decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to pages 209-211 of the ACOEM Practice Guidelines referenced by CA MTUS, rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation. In addition, conservative care including cortisone injections can be carried out for at least three to six months before considering surgery. ACOEM guidelines indicate that conservative treatment of full thickness rotator cuff tears has results similar to surgical treatment but without the surgical risks. Guidelines further indicate that surgical outcomes are not as favorable in older patients with degenerative changes about the rotator cuff. In this case, the medical records submitted for review did not provide the rationale for right shoulder arthroscopic surgery with sub acromial decompression. Progress report dated March 15, 2014 state that previous cortisone injections were given but did not specify the length and duration of the treatment. There was no indication that all other recommended conservative treatment options have been exhausted in this patient. Furthermore, MRI of the right shoulder dated January 27, 2014 showed no significant tear. Therefore, the request for Right shoulder arthroscopy with sub acromial decompression is not medically necessary.