

Case Number:	CM14-0071785		
Date Assigned:	07/16/2014	Date of Injury:	10/16/2006
Decision Date:	09/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 59 year old female. The original date of injury was 10/16/2006. The injured worker was felt to reach maximum medical improvement on May 27, 2011 with provisions for future shoulder surgery. She was seen 2/12/2014 for a follow up evaluation. The injured worker complains of pain in her right shoulder. The exam noted external rotation to 10 degrees, internal rotation to 6 degrees. The following provocative tests were positive: Hawkins and Speeds. The range of motion recorded was significantly different from a 11/19/13 exam with external rotation to 10 degrees and internal rotation to 50 degrees with no interval incidents documented. There is a request for arthroscopic shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter/Diagnostic arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Diagnostic arthroscopy.

Decision rationale: This injured worker has not had a thorough clinical exam documented since early 2014. The exam provided does not compare to the contralateral side, does not review treatment to date and response to treatment other than medications and does not support a diagnosis of impingement syndrome. There is not a thorough documentation of subjective symptoms. There is no detailed information regarding previous surgeries. There are no diagnostic studies included. The most common symptoms in impingement syndrome are pain, weakness and a loss of movement at the affected shoulder. The pain is often worsened by shoulder overhead movement and may occur at night, especially if the injured worker is lying on the affected shoulder. The onset of the pain may be acute if it is due to an injury or may be insidious if it is due to a gradual process such as an osteoarthritic spur. Other symptoms can include a grinding or popping sensation during movement of the shoulder. The range of motion at the shoulder may be limited by pain. A painful arc of movement may be present during forward elevation of the arm from 60 to 120. This injured worker has limited rotation-which could indicate rotator cuff pathology and/or arthrofibrosis. Passive movement at the shoulder will appear painful when a downwards force is applied at the acromion but the pain will ease once the downwards force is removed. On physical exam, the physician may twist or elevate the patient's arm to test for reproducible pain (Neer's sign and Hawkins's test). These tests help localize the pathology to the rotator cuff, however they are not specific for impingement. Neer's sign may also be seen with subacromial bursitis. The physician may inject lidocaine (usually combined with a steroid) into the bursa, and if there is an improved range of motion and decrease in pain, this is considered a positive "Impingement Test". It not only supports the diagnosis for impingement syndrome, but it is also therapeutic. Therefore, according to the Official Disability Guidelines (ODG) the requested procedure is not medically necessary for the patient at this time.