MAXIMUS Federal Services

Case Number:	CM14-0073770		
Date Assigned:	07/16/2014	Date of Injury:	11/07/2011
Decision Date:	08/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 32 year old female who sustained an industrial injury on 11/07/2011. According to the AME report dated 10/10/2013, the patient described onset of pain in the neck, upperback, bilateral shoulders, mid and low back as result of work activities. She received conservative treatment until April-May 2013. In February 2012, she was rendered P&S by the PTP, noting she was 2 months pregnant at that time. She returned in January 2013 with continued complaints.Per the AME, she was diagnosed with 1. Alleged cervical spine strain and sprain; MRI scan results unavailable for review; 2. Impingement syndrome, right shoulder; 3. Alleged left shoulder strain and sprain; 4. Alleged thoracolumbar spine strain and sprain; MRI scan results unavailable for review. Per the report, a 10/21/2013 right shoulder MRI revealeddemonstrated mild to moderate tendinosis/tendinopathy of the supraspinatus and infraspinatus tendons, mild surpaspinatus peritendinitis and/or peritendinous bursitis, mild to moderate narrowing of the subacromial space secondary to laterally down sloping acromion and mild hypertrophic degenerative changes of the acromioclavicular joint; there is mild effusion witin the biceps tendon sheath consisten with mild tenoynovitis; there was suspect hematopathic hyperplasia involving metaphysis and proximal diaphysis. She is felt to be a candidate for right shoulder arthroscopic surgery. If she does not proceed with surgery, she remains P&S. It is not felt she is candidate for any additional consevative treatment at present time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Arthroscopy of Right Shoulder with Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Shoulder, Surgery for impingement syndrome.

Decision rationale: The ACOEM guidelines state surgery for impingement syndrome is reserved for cases failing conservative therapy for three months. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. Conservative treatment has results similar to surgical treatment but without surgical risks. ODG Indications for Surgery -- Acromioplasty:Criteria for anterior acromioplasty with diagnosis of acromial impingement syndrome (80% of these patients will get better without surgery.)1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night. PLUS3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area.AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of impingement.The medical records do not provide a current medical report that documents the patient's presenting complaints, objective examination findings, and response to any recent treatment interventions. The medical records do not document subjective and objective clinical findings that are indications for surgery. Of note, the medical records also do not document results of cortisone injection. Although it is acknowledged that the AME report indicated the patient would be a candidate for right shoulder arthroscopy, there needs to documentation of current functional status to determine medical necessity of surgical intervention. The medical necessity of the requested surgery has not been established at this time.