

Case Number:	CM14-0073864		
Date Assigned:	09/03/2014	Date of Injury:	05/05/2013
Decision Date:	10/09/2014	UR Denial Date:	04/16/2014
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 Surgeon, has a subspecialty in Hand Surgeon 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 45-year-old female who reported an injury on 05/05/2013 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her left shoulder. The injured worker underwent an MRI of the left shoulder on 07/11/2013. It was documented that the injured worker had no evidence of a full thickness tear, acromioclavicular joint arthropathy, or supraspinatus tendinopathy. The injured worker was evaluated on 01/27/2014. The physical examination included decreased range of motion of the left shoulder with a positive impingement sign and apprehension sign. The injured worker's diagnoses included a work related twisting injury to the left shoulder. The injured worker's treatment plan included surgical intervention. The injured worker's treatment history included corticosteroid injections. The injured worker was evaluated on 05/12/2014. It was documented that the injured worker's surgical requests had received an adverse determination. It was documented that the injured worker had no relief with the previous corticosteroid injection. Physical findings included painful range of motion. The Request for Authorization dated 05/12/2014 was submitted to support a request for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy With Subacromial Decompression Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-212.

Decision rationale: The requested arthroscopy with subacromial decompression of the left shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for shoulder injuries when there is clinical documentation of significant functional deficits consistent with pathology identified on an imaging study that has failed to respond to all lower levels of treatment. The clinical documentation does indicate that the injured worker has previously received a corticosteroid injection that did not provide significant relief. It is also noted that the injured worker has persistent shoulder pain complaints, evidence of supraspinatus tendinopathy, and degenerative changes of the acromioclavicular joint on the imaging study submitted for review. However, the clinical documentation does not adequately address that the injured worker has failure to respond to medications to include nonsteroidal anti-inflammatory drugs or that the injured worker has failed to respond to any type of active physical therapy or home exercise program. In the absence of this information, the appropriateness of surgical intervention is not supported in this clinical situation. As such, the request for arthroscopy with subacromial decompression of the left shoulder is not medically necessary or appropriate.