

Case Number:	CM14-0074489		
Date Assigned:	07/16/2014	Date of Injury:	06/19/2012
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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 Surgery 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:

This 42-year-old male ■■■ driver sustained an industrial injury on 6/19/12. The mechanism of injury was not documented. The 8/16/12 left shoulder MRI impression documented rotator cuff tendons were intact. There was mild to moderate narrowing of the subacromial space secondary to laterally downsloping acromion. The 3/4/14 treating physician report cited bilateral shoulder pain radiating to the head, neck, hand, fingers and back. Pain was constant grade 6/10. Symptoms included burning pain, tingling, stiffness, stabbing pain, weakness, tenderness, and numbness. Symptoms were worse with pushing, pulling, lifting, and repetitive use. Symptoms improved with heat, ice, rest, and medications. Physical exam documented left shoulder tenderness. The diagnosis was left shoulder impingement. The provider indicated that a left carpal tunnel release had been requested with left shoulder arthroscopic subacromial decompression but only the carpal tunnel release was authorized. The 4/2/14 treating physician report appealed the left shoulder surgery denial by the IMR based on an absence of 3 to 6 months of conservative treatment. He stated that the patient had gone through physical therapy, acupuncture treatments, medications, and rest for more than 6 months. The patient had undergone right shoulder arthroscopic decompression and had done very well. Physical exam findings documented left shoulder painful range of motion and subacromial tenderness. The 4/24/14 utilization review denied the request for left shoulder surgery and associated items/services as there was no evidence of a diagnostic/therapeutic corticosteroid injection to support the medical necessity of subacromial decompression. There was no indication that the surgical request was subsequently authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Left Shoulder Immobilizer for Post Operative Care of the Left 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: Postoperative abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 205,213.

Decision rationale: The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. The use of a post-operative sling is generally indicated. However, the associated surgical request is not supported. Therefore, this request is not medically necessary.