

Case Number:	CM14-0074490		
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 8/16/12 cervical spine MRI impression documented multilevel disc protrusions at C4/5, C5/6, and C6/7 with mild to moderate central canal and neuroforaminal stenosis. The 1/7/14 treating physician report cited symptoms localized to the right shoulder with no change in functional ability. Medications included Flexeril and ibuprofen. Physical exam documented left shoulder subacromial tenderness with positive impingement sign and decreased sensation to the left thumb and index finger. Left shoulder and carpal tunnel release surgery were recommended. 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 has been 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with debridement, and sub-acromial decompression: 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; Official Disability Guidelines, Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for impingement syndrome.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome and acromioplasty that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have not been met. Although exam findings have documented positive impingement testing and subacromial tenderness, there is no documentation relative to shoulder strength or evidence of a positive diagnostic injection test. Therefore, this request is not medically necessary.