

Case Number:	CM14-0089779		
Date Assigned:	07/23/2014	Date of Injury:	05/17/2011
Decision Date:	08/27/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 44-year-old female who reported an injury on 05/17/2011 after a trip and fall that reportedly caused injury to her right upper extremity. The injured worker's treatment history has included carpal tunnel release with postoperative therapy, right elbow surgery with postoperative E-stim and medications, a corticosteroid injection, and physical therapy for the right shoulder. The injured worker was evaluated on 04/16/2014. It was noted that the injured worker had difficulties with overhead activities. The physical findings included tenderness to palpation over the anterior and lateral deltoid biceps tendon and acromioclavicular joint and anterior and lateral acromion of the right shoulder. The injured worker had a positive impingement test, positive Neer's test, post Hawkins test, and positive empty can supraspinatus test. The injured worker had restricted range of motion of the right shoulder. It was noted that the injured worker had failed all conservative measures for the right shoulder to include physical therapy, activity modifications, anti-inflammatory medications, and a corticosteroid injection. Surgical intervention was requested. The injured worker had previously undergone an MRI of the right shoulder dated 02/20/2014. The MRI concluded there was trace fluid of the subacromial subdeltoid bursa, acromioclavicular joint hypertrophy, and mild tendinitis without evidence of a rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy/SAD (subacromial decompression): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The requested right shoulder arthroscopy/subacromial decompression (SAD) is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends subacromial decompression for impingement syndrome for patients who have failed conservative treatment and have physical examination findings consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has significant physical limitations that have failed to respond to multiple conservative treatments and are consistent with the pathology identified on the imaging. Therefore, surgical intervention would be indicated in this clinical situation. As such, the requested right shoulder arthroscopy/subacromial decompression is medically necessary and appropriate.