

Case Number:	CM14-0127897		
Date Assigned:	08/15/2014	Date of Injury:	05/02/2012
Decision Date:	01/27/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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 Pennsylvania. 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 58-year-old male who reported injuries due to heavy lifting on 05/02/2012. On 07/15/2014, his diagnostic assessment included lumbago, and right shoulder impingement syndrome, with labral tear. His predominant complaint was his right shoulder pain rated 5/10, especially with overhead manipulation. He reported minimal improvement despite taking anti-inflammatories and physical therapy. He denied having any injections or surgeries for the shoulder. His shoulder ranges of motion were equal and within normal limits bilaterally. His shoulder strength was 5/5 bilaterally. Sensation was intact to all dermatomes. The right shoulder had a positive Neer's sign. The clinical report alluded to a right shoulder MRI, which showed a labral tear and rotator cuff tendonitis. It was noted that since he had failed conservative treatment with anti-inflammatories and physical therapy for more than 1 year and had positive provocative physical examination findings, the shoulder surgery was recommended. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Diagnostic Arthroscopy Surgery with possible subacromial decompression and labral repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines,

Treatment in Workers Comp 18th edition, 2013 Updates, Shoulder Chapter, Surgery for SLAP lesions & Diagnostic arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 211.

Decision rationale: The request for right shoulder diagnostic arthroscopy surgery with possible subacromial decompression and labral repair is not medically necessary. The California/ACOEM Guidelines note that surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least 3 to 6 months before considering surgery. All surgical requests must be supported by an original diagnostic study. It cannot be an interpretation from a physician or a summarization within a submitted document, as was the case with this worker. The California ACOEM Guidelines require both radiography and magnetic resonance imaging prior to impingement syndrome surgery. Additionally, he had not had any shoulder steroid injections. Given the lack of documentation as outlined above, there is insufficient information at this time to proceed with the requested surgery. Therefore, this request for right shoulder diagnostic arthroscopy surgery with possible subacromial decompression and labral repair is not medically necessary.