

Case Number:	CM14-0176229		
Date Assigned:	10/29/2014	Date of Injury:	06/08/2011
Decision Date:	01/02/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/24/2014

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:

The injured worker is a 61-year-old male, with a reported date of injury of 06/08/2011. He stumbled and fell forward and landed on his hands and knees. The injured worker had pain in his right wrist and left shoulder. The current diagnoses include left shoulder post-traumatic arthritis of the acromioclavicular joint; status post failed left shoulder arthroscopic surgery; persistent pain in the left shoulder; and right wrist probable non-union of the distal radius styloid area. The past diagnoses included status post left shoulder arthroscopic intervention including rotator cuff repair, distal clavicle resection with residual weakness; and right wrist internal derangement and strain. Treatment included left shoulder surgery times two (2), which provided improvement; several MRIs of the left shoulder, due to pain and not recovering well after the surgery; a computerized tomography (CT) scan of the right wrist, which showed a tiny 2mm sized ossific density along the distal radio ulnar joint; thirty-one (31) sessions of physical therapy for the left shoulder; Ibuprofen; Xanax 1mg for sleep; and topical ketoprofen, gabapentin, and tramadol creams. The medical record dated 09/16/2014 indicated that the injured worker had moderate left shoulder pain, which was rated 2 out of 4. He did not have full motion or strength in his left shoulder. The injured worker also had mild-to-moderate right wrist pain. He was not in therapy, and was still working his regular job. The physical examination showed decreased flexion, abduction, internal rotation, and external rotation of the left shoulder; decreased dorsiflexion and palmar flexion of the right wrist; and tenderness along the radial side. The treating physician recommended a resection of the distal clavicle, with arthroscopic subacromial decompression and partial distal claviclectomy, but did not feel that the injured worker needed a rotator cuff repair. On 10/03/2014, Utilization Review (UR) denied the request for a left shoulder diagnostic arthroscopic subacromial decompression with possible rotator cuff repair. The UR physician noted that the medical records provided for review did not show evidence of conservative care,

or documentation of the physician recommending a rotator cuff repair. In addition, the magnetic resonance (MR) arthrogram of the left shoulder failed to show evidence of pathology to support a subacromial decompression and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Diagnostic Arthroscopic Subacromial Decompression with Possible Rotator Cuff Repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acromioplasty Surgery

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 9/16/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 9/16/14 does not demonstrate evidence satisfying the above criteria. Therefore, the request for Left Shoulder Diagnostic Arthroscopic Subacromial Decompression with Possible Rotator Cuff Repair is not medically necessary.