

Case Number:	CM14-0181140		
Date Assigned:	11/05/2014	Date of Injury:	02/04/2013
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 Minnesota. 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 54 year old female who was assaulted by two robbers and sustained multiple injuries on 2/4/2013. She was handcuffed and struck with fists on her head. She developed a chronic pain syndrome involving the spine and extremities for which she received physical therapy and chiropractic care. Physical therapy notes document headaches, neck pain, back pain, bilateral trapezius pain, bilateral upper extremity pain, numbness in the hands, low back pain and bilateral lower extremity pain. She was offered injections by her orthopedic surgeon but declined. She has had an extensive work-up including MRI scans of the head, cervical spine, lumbar spine, shoulders, and EMG and nerve conduction studies. The MRI scans of the spine showed bulging discs. Bilateral shoulder MRIs showed fluid in the subacromial bursae and supraspinatus tendinosis. The electrodiagnostic studies showed mild left and moderate right carpal tunnel syndrome. An orthopedic AME of 7/17/2014 reported 180 degree abduction and flexion of both shoulders with no impingement but later in the same report the range of motion is reported to be 160 degrees of abduction and flexion with impingement. The disputed issue pertains to a request for arthroscopy of the right shoulder with subacromial decompression. This was non-certified by UR for relatively mild shoulder symptoms, lack of a corticosteroid injection and documented response, relatively mild MRI findings and lack of a rehab program per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy and Sub Acromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation ODG; Shoulder Chapter - Surgery for Impingement Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-213.

Decision rationale: The California MTUS guidelines indicate surgical considerations for shoulder issues when there are red flag conditions such as an acute rotator cuff tear or if there is activity limitation for more than 4 months plus a surgical lesion or if there is failure to increase the range of motion and strength with exercise programs in addition to a surgical lesion or if there is clinical and imaging evidence of a lesion that is known to benefit from a surgical repair. For impingement the guidelines require 3-6 months of conservative care with corticosteroid injections and an exercise program before considering surgery, Diagnostic lidocaine injection into the subacromial space is recommended to confirm the pain source. Two to three corticosteroid injections with an extended rehabilitation program may be sufficient for treatment purposes. The documentation indicates injections were declined when offered and no recent comprehensive rehab program has been carried out. Normal range of motion in both shoulders with absence of impingement was recorded in the AME of 7/17/2014 with subsequent notation of flexion and abduction of 160 degrees in both shoulders and the presence of impingement in the later portion of the same report. In light of the above, the guideline criteria have not been met and the request for arthroscopy of the right shoulder with subacromial decompression is not medically necessary.