

Case Number:	CM14-0189507		
Date Assigned:	11/20/2014	Date of Injury:	09/28/2003
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 Surgeon 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:

According to the records made available for review, this is a 50-year-old female with a 9/28/03 date of injury, and left shoulder arthroscopy (date unspecified). At the time (10/15/14) of request for authorization for Arthroscopic Surgery to Left Shoulder, there is documentation of subjective (constant left shoulder pain) and objective (slightly decreased range of motion of the left shoulder and decreased sensation to fine touch and pinprick over the lateral aspect of the left arm, first, second, and third left hand digits) findings, current diagnoses (status post-surgery to cervical spine, status post arthroscopic surgery to the left shoulder, and chronic myofascial pain syndrome), and treatment to date (medications). There is no documentation of inconclusive imaging findings and acute pain or functional limitation despite additional conservative care (activity modifications and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Surgery to Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, diagnostic arthroscopy section

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

Decision rationale: MTUS reference to ACOEM guidelines identify documentation of Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months, plus existence of a surgical lesion, failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair as a criteria necessary to support the medical necessity of shoulder surgery. In addition, ODG identifies documentation of inconclusive imaging findings and acute pain or functional limitation despite conservative care (activity modifications, medications, and physical modalities) as criteria necessary to support the medical necessity of Diagnostic arthroscopy. Within the medical information available for review, there is documentation of diagnoses of status post-surgery to cervical spine, status post arthroscopic surgery to the left shoulder, and chronic myofascial pain syndrome. In addition, given documentation of objective (slightly decreased range of motion of the left shoulder and decreased sensation to fine touch and pinprick over the lateral aspect of the left arm, first, second, and third left hand digits) findings, there is documentation of functional limitations despite conservative care (medications). However, there is no documentation of inconclusive imaging findings and acute pain or functional limitation despite additional conservative care (activity modifications and physical modalities). Therefore, based on guidelines and a review of the evidence, the request Arthroscopic Surgery to Left Shoulder is not medically necessary.