

Case Number:	CM14-0193109		
Date Assigned:	11/26/2014	Date of Injury:	01/10/2013
Decision Date:	01/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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 53-year-old male who was injured on January 10, 2013 during the course of his employment as a linen distributor. He stated that he injured his neck, left shoulder, left elbow, left arm, and left hand from lifting a bundle of linen containing approximately 20 sheets that weighed approximately 50 pounds. He underwent EMG and nerve conduction studies in September 2013 that were read as cervical radiculopathy involving C7 and C8 nerve roots and consistent with additional clinical diagnoses of left carpal tunnel syndrome and cubital tunnel syndrome. The actual electrodiagnostic study is not included. The documentation indicates MRI scans of the neck and left elbow were performed in May and June 2013 but the results are not reported. A surgical request for left carpal tunnel release and cubital tunnel release was not certified per available documentation. A request for MRI scan of the left shoulder was noncertified on 10/22/2014. According to the rationale a periodic report dated September 2, 2014 indicated subjective complaints of frequent moderate pain in the cervical spine, left shoulder, left elbow rated 7/10 and described as dull and localized. Physical examination of the left shoulder was illegible. The biceps, brachioradialis, and triceps reflexes were all normal bilaterally. The patient was diagnosed with left shoulder impingement syndrome. Treatment plan included psych consultation, physical therapy, left shoulder arthroscopy with rotator cuff repair and cold therapy unit, sling with abduction pillow, shoulder exercises kit, and continuous passive motion unit in conjunction with these surgeries requested. The patient remained temporarily totally disabled. Diagnosis was not provided. No surgeries were documented in the medical records provided. The documentation indicated no completed physical therapy, no corticosteroid injections, no objective findings in the clinical summary to warrant an MRI scan of the left shoulder. The request for a left shoulder MRI was deemed not medically appropriate or necessary. The current

IMR request pertains to left shoulder arthroscopy with rotator cuff repair. This was non-certified by utilization review on 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with rotator cuff repair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, and 213.

Decision rationale: California MTUS guidelines indicate surgical considerations in case of red flag conditions such as an acute rotator cuff tear in a young person, glenohumeral dislocation, etc. or activity limitation for more than 4 months plus existence of a surgical lesion or failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, or clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The available documentation does not include a detailed physical examination of the left shoulder. There is no evidence of conservative treatment with corticosteroid injections or physical therapy. There is no home exercise program documented and there is no documented rotator cuff tear on imaging studies. An MRI scan request for the left shoulder was non-certified per utilization review. There is nothing to suggest that the injured worker needs arthroscopic evaluation of the shoulder or a rotator cuff repair. The history is that of neck and left shoulder as well as upper extremity pain with diagnoses including carpal tunnel syndrome and cubital tunnel syndrome; however, no electrodiagnostic studies are included with the medical records. The shoulder has not been identified as the pain generator. Based upon the above, the request for left shoulder arthroscopy with rotator cuff repair is not supported by guidelines and as such the medical necessity of this request is not substantiated.