MAXIMUS Federal Services

Case Number:	CM14-0198249		
Date Assigned:	12/08/2014	Date of Injury:	04/11/2014
Decision Date:	01/30/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 26-year-old right-hand-dominant male who was injured on April 11, 2014. Per IME QME dated 5/16/2014 he was working for [redacted] and had to go between 2 trailers to check a seal. Before he verified the seal the driver of the front trailer started driving away. Before he completely got out of the way the back trailer struck his left arm. He had immediate numbness in the entire left arm and later developed pain in the shoulder elbow and wrist. X-ray of the left shoulder was obtained on the same day and he received chiropractic treatment. He was complaining of pain radiating up into the neck and down the left upper extremity associated with paresthesias in the lateral portion of the arm and the left shoulder. There was numbness in the left hand. On examination left shoulder flexion was 130 and abduction 100. Internal rotation was 40 and external rotation 45. There was diffuse decreased sensation in the left hand. Deep tendon reflexes were symmetrical. Impingement testing including Neer and Hawkins was positive in the left shoulder. A left shoulder MRI scan of 7/23/2014 revealed mild tendinosis of the distal supraspinatus tendon. The radiology report is not submitted. Per 10/3/2014 progress notes the injured worker was complaining of 9/10 left shoulder pain with radiation to the entire left upper extremity associated with numbness and tingling and weakness of the left hand. On examination there was decreased sensation in in nondermatomal fashion in the left upper extremity, limitation of range of motion of the shoulder, and positive Neer and Hawkins impingement signs. Physical therapy and corticosteroid injection did not relieve the pain. The provider is requesting left shoulder arthroscopy with acromioplasty, possible Mumford procedure and possible rotator cuff repair. The request was noncertified by utilization review for absence of MRI evidence of a rotator cuff tear or impingement. The documentation mentioned supraspinatus tendinitis but did not comment on the other issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible rotator cuff repair left shoulder arthroscopy with acromioplasty, Possible mumford procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

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

Decision rationale: California MTUS guidelines indicate surgical considerations for red flag conditions such as an acute rotator cuff tear in a young worker. The imaging studies do not show a rotator cuff tear. Activity limitation for more than 4 months is not documented and there is no surgical lesion on the imaging studies. Evidence of impingement or SLAP tear or rotator cuff tear is not noted on the imaging studies. There is no 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 neck pain and radicular symptoms in the left upper extremity and the numbness in the left hand with associated weakness do not support the diagnosis of a rotator cuff tear. Lack of response to 1 injection was documented but details with regard to the degree of pain relief if any were not available. The guidelines recommend diagnostic lidocaine injections to distinguish pain sources in the shoulder area for example impingement. Surgery for impingement syndrome is usually arthroscopic decompression but the procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including injections and exercise program should be carried out for at least 3-6 months before considering surgery for impingement syndrome. Based upon the above guidelines, the request for arthroscopy with acromioplasty and possible rotator cuff repair and possible Mumford procedure is not supported by guidelines and as such, the medical necessity is not established.