

Case Number:	CM14-0202228		
Date Assigned:	12/12/2014	Date of Injury:	06/05/2014
Decision Date:	02/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 46-year-old male with reported date of injury of 6/5/2014. The mechanism of injury reported was "a pallet load of wine fell on the shoulder". The first examination for this injury was on 8/21/2014. There was tenderness over the left shoulder with limited range of motion, popping on motion and weakness was noted. An MRI scan was requested. A progress report dated 10/1/2014 indicates persistent pain in the left shoulder not improving despite medications, physical therapy, and corticosteroid injection. An MRI scan of the left shoulder performed on September 23, 2014 revealed mild degenerative changes of the acromioclavicular joint. Mild lateral downsloping orientation of the acromion was noted. A type II acromion morphology with a small subacromial spur anteriorly was noted. Minimal fraying along the base of the superior labrum without displaced labral tear was noted. Mild tendinosis of the supraspinatus tendon with minimal fraying along the bursal surface and tendinosis of the subscapularis tendon was noted. A request for arthroscopy with subacromial decompression was noncertified by utilization review as the documentation did not indicate 3-6 months of conservative care with corticosteroid injections and an active exercise program. Furthermore, there was no x-ray evidence of impingement and the MRI revealed only a mild increased risk of impingement. There was no documentation of night pain, painful arc or positive impingement signs. There was no relief from the cortisone injection into the subacromial space. The criteria for surgery for impingement syndrome were not met and therefore the request was noncertified. This has now been appealed to independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial decompression with coracoacromial release of the left shoulder: 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): 211, 213.

Decision rationale: The California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. The procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections, and an exercise rehabilitation program for 3-6 months is recommended prior to surgical considerations. The documentation indicates that the worker was first seen on August 21 and 3-6 months of conservative care had not been completed. Furthermore, there was a lack of response to corticosteroid injection into the subacromial space indicating thereby that the diagnosis may not have been correct. The physical examination does not document impingement signs. A diagnostic lidocaine injection to distinguish pain sources in the shoulder area for example impingement was not documented. Based upon the above, the guideline criteria were not met and as such, the medical necessity of the request for arthroscopic subacromial decompression and coracoacromial release was not substantiated.