

Case Number:	CM15-0003087		
Date Assigned:	01/14/2015	Date of Injury:	02/10/2014
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male, who sustained an industrial injury on February 10, 2014. He reported an injury to the left shoulder. The diagnoses have included left shoulder impingement. Treatment to date has included medications, electrodiagnostic studies, physical therapy, and MRI imaging of the cervical spine and left shoulder. Currently, the IW complains of left shoulder pain with radiation to the chest and left arm. On August 21, 2014, the physical findings were noted to be tenderness and tightness of the left shoulder region, along with tenderness to the left biceps tendon area, and decreased range of motion in all directions. On December 22, 2014, Utilization Review non-certified "left shoulder arthroscopy, SAD, IAS, and possible distal clavicle excision", based on incomplete information about failed conservative treatment with injections and physical therapy. Only 9 pages of records were available at that time. On January 6, 2015, the injured worker submitted an application for IMR for review of "left shoulder arthroscopy, SAD, IAS, and possible distal clavicle excision". The information about guideline requirement of a comprehensive 3 months physical therapy program with exercises and injections and associated failure has been provided. The medical records are now complete.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Diagnostic Arthroscopy

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

Decision rationale: The injured worker is a 55-year-old male who sustained a left shoulder injury a year ago when he lifted a 30 pound object overhead to place it on a shelf. He heard a pop in his left shoulder and experienced pain. An MRI scan of the left shoulder was reported to reveal mild tendinosis and suggestion of capsulitis. There was no rotator cuff tear documented. There is a past history of fibromyalgia and chronic back pain. Per examination of September 22, 2014 impingement signs were positive on the left and negative on the right. Drop arm test, apprehension test, O'Brien test And Yergason tests were negative on the left. Forward flexion of the left shoulder was 130 and the right shoulder 180. Abduction was 120 on the left and 180 on the right. Internal rotation was 65 on the left and 80 on the right. External rotation was 75 on the left and 90 on the right. There was left acromioclavicular joint tenderness noted. Physical therapy notes indicate documentation of treatment starting August 21, 2014 through November 13, 2014. On November 4, 2014 he was having persistent pain and weakness in the left shoulder. Authorization was requested for a left shoulder arthroscopic subacromial decompression. The last examination of 12/16/2014 documents no improvement. The diagnosis was left shoulder adhesive capsulitis and impingement syndrome, cervicothoracic strain, findings consistent with cervical radiculopathy, bilateral carpal tunnel syndrome, and complaints of depression. Review of the medical records indicates the diagnosis of impingement syndrome of the left shoulder with rotator cuff tendinitis but no tear. He also has adhesive capsulitis. He did not respond to corticosteroid injections or a physical therapy program for several months. Therefore the guidelines support arthroscopic surgery for impingement syndrome which is subacromial decompression. There has been a failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and so surgery is indicated. The guideline requirements have been met. The request as stated is for arthroscopy of the left shoulder and based upon the other requests the provider is not requesting a diagnostic arthroscopy. As such, the medical necessity of the request is established.

Left Shoulder Arthroscopic Decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

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

Decision rationale: Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity

limitations. Conservative care has been carried out for over 3 months as required by guidelines and there has been no improvement. Surgery is therefore indicated. The request for subacromial decompression is appropriate and medically necessary.

Impingement Acromioplasty Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Acromioplasty

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

Decision rationale: Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care has been carried out as required by guidelines and there has been no improvement. Surgery is therefore indicated. The request for acromioplasty/ subacromial decompression is appropriate and medically necessary.

Possible Distal Clavicle Excision: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: Partial claviclectomy (Mumford Procedure)

Decision rationale: ODG criteria for partial claviclectomy include 6 weeks of conservative care plus subjective clinical findings of pain at the acromioclavicular joint, objective findings of tenderness over the acromioclavicular joint and imaging findings of osteoarthritis of the acromioclavicular joint. The medical records document pain and tenderness over the acromioclavicular joint of the left shoulder. The MRI scan revealed degenerative changes in the acromioclavicular joint with a dorsal spur. Therefore the request for partial claviclectomy is appropriate and medically necessary.