

<b>Case Number:</b>	CM15-0106710		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

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 33 year old female, who sustained an industrial injury on 02/21/2014. She has reported injury to the neck and left shoulder. The diagnoses have included cervical spine strain/sprain; herniated cervical disc, C3-C4 with radiculitis/radiculopathy, left greater than right; left shoulder tendinitis, impingement; right shoulder strain/sprain; left elbow strain/sprain, rule out lateral epicondylitis; left wrist strain/sprain; thoracic spine strain/sprain; and lumbar spine strain/sprain. Treatment to date has included medications, diagnostics, injections, rest, and physical therapy. Medications have included Norco. A progress note from the treating physician, dated 02/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the cervical spine and left shoulder; pain and symptoms are about the same; she has noticed an increase in symptoms of anxiety and depression; and she is awaiting cervical epidural steroid injection and left shoulder surgery. Objective findings included decreased cervical spine range of motion; positive Spurling's test and foramina compression test; left shoulder range of motion is decreased; there is tenderness of the greater tuberosity, left greater than right; there is subacromial grinding and clicking; tenderness of rotator cuff muscles; tenderness of the subacromial and subdeltoid area; tenderness of the supraspinatus and infraspinatus; and positive impingement test. The treatment plan has included the request for left shoulder arthroscopy and subacromial decompression; pre-operative labs: CBC, PT, PTT, INR, SMA-7, and urinalysis; initial consultation with internal medicine; purchase of sling with abduction pillow; and hot/cold contrast unit 30 day rental.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left shoulder arthroscopy and subacromial decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 2/17/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from 2/17/15 does not demonstrate evidence satisfying the above criteria. Therefore the determination is not medically necessary.

### **Pre-operative labs: CBC, PT, PTT, INR, SMA-7 and urinalysis: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Initial consultation with internal medicine: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Purchase of sling with abduction pillow: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Hot/cold contrast unit 30 day rental:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.