

<b>Case Number:</b>	CM15-0016130		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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:

This a 38 year old female clerk typist sustained on 03/15/13 pulled on the bottom large file drawer which had been jammed and felt the onset of sharp pain in her shoulder. She has reported symptoms of left shoulder pain and neck pain. Prior medical history included hypertension. The PR2s of 9/13/13 and 9/25/13 record her accusation she was assaulted by a firefighter on 9/11/2013 while she was in the occupational health department office. Further notes record she had had a an episode of yelling and screaming at clinic staff that people were trying to screw her for modifying her work status and an ambulance had to be called to take her to the hospital for a panic attack. The note of 10/29/2013 recorded she complained of seizures, panic attacks, being out of Seroquel, losing her phone and her father, having severe shoulder pain. The PR2 of 08/29 noted her complaints of shoulder pain 10/10 after she had received trigger point injections to her neck and she was about to go crazy. She related she had run out of Norco four days earlier and demanded medication. A urine drug screen was positive for marijuana. In addition to the diagnosis of panic attacks, her diagnoses included left shoulder impingement syndrome. Treatment to date has included medication, physical therapy, orthopedic consult, and injections. A MRI of the left shoulder without contrast on 6/16/13 revealed a mild supraspinatus tendinosis or strain with mild bursal surface fraying and reactive bursal inflammation, no evidence of tear or of a labral tear or biceps abnormality. The acromion is a shallow type II acromion and there was bilateral down slopping. The primary treating physician's report of 10/16/14 indicated positive impingement test, tenderness on the acromioclavicular joint and positive crepitus. The lengthy evaluation of 4/22/14 noted she was complaining of right shoulder pain but stated the

documentation emphasized the left shoulder injury, in spite of the fact documentation contained statements about both shoulders being painful. The orthopedic physician's report of 11/12/14 recommended proceeding with a left shoulder arthroscopic evaluation, subacromial decompression, possible distal clavicle resection, and labral and/or cuff debridement. On 1/14/15, Utilization Review modified Left shoulder arthroscopic eval to Left shoulder arthroscopic evaluation, subacromial decompression, possible distal clavicle resection and labral and/or cuff debridement as indicated to Left shoulder arthroscopic evaluation and subacromial decompression; non-certified associated service: C PM device for 45 days; and non-certified surgi-stim unit for 90 days, then purchase, and modified Coolcare cold therapy unit to Standard cold therapy unit x 7 days rental, noting the Medical treatment Utilization Schedule (Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) .

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left shoulder arthroscopic eval, subacromial decompression, possible distal calvical resection & labral and/or cuff debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Chapter 8-Assessing Red flags; Shoulder Complaints Chapter 9 Page(s): 171-2, 209-11.

**Decision rationale:** The California MTUS guidelines note that surgical consultation may be indicated for patients who have 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 indication for the patient's shoulder MRI on 06/16/2013 was rule out tears. The report of findings was no tears. This worker's drug screen, panic attacks and accusations against health care members suggest prudent regard of her overall situation. The documentation does not provide a clear clinical or physical examination picture of a surgical lesion. The requested treatment: left shoulder arthroscopic eval, subacromial decompression, possible distal clavicle resection and labral cuff debridement is not medically necessary and appropriate.

**Associated surgical service: CPM device for 45 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

**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.

**Associated surgical service: Surgi-stim unit for 90 days, then purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

**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.

**Associated surgical service: Coolcare cold therapy unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**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.