

Case Number:	CM15-0138714		
Date Assigned:	07/28/2015	Date of Injury:	07/31/2008
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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: Illinois, California, Texas
 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:

This injured worker is a 55-year-old female who sustained an industrial injury on 7/31/08, relative to cumulative trauma. She underwent right carpal tunnel release on 8/27/13. She has been diagnosed with right shoulder impingement. Conservative treatment included activity modification, medications, and right shoulder injection (4/9/14). There was a request for right shoulder MRI noted by the orthopedic surgeon on 4/9/15 but there is no evidence in the available records that imaging was performed. The 6/18/15 treating physician report cited grade 7/10 constant right shoulder pain with limited abduction. She also complained that pain woke her at night and she had decreased muscle mass and strength. Pain was increased with repetitive overhead reaching, hand and arm movements, pushing, pulling, gripping, grasping, lifting heavy objects overhead, and with cold weather. Pain was reduced with rest, activity modification, heat, and medication. Physical exam documented tenderness over the acromioclavicular joint, anterior labrum, supraspinatus, infraspinatus, bicipital groove, acromion and upper trapezius on the right. Hawkins, impingement, Codman drop arm, and Apley's scratch tests were positive. Right shoulder range of motion testing documented flexion 70, extension 30, abduction 90, adduction 35, internal rotation 50, and external rotation 40 degrees. The diagnosis included right shoulder impingement. The treatment plan recommended acupuncture 2x4 for the right shoulder and lower back complaints. The injured worker was to follow-up with the orthopedic consultation to address the right shoulder, once surgery was authorized. Authorization was requested for right shoulder arthroscopy. The 6/26/15 utilization review non-certified the request for right shoulder arthroscopy as there was no advanced imaging documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual edition) & ODG Treatment in Workers' Comp (12th annual edition) 2014, Shoulder Chapter - Diagnostic Arthroscopy.

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

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guideline criteria have not been met. This injured worker presents with persistent and function-limiting right shoulder pain. Clinical exam finding is consistent with the diagnosis of right shoulder impingement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no imaging evidence of the right shoulder to support the diagnosis of shoulder impingement. Additionally, the surgical procedure being requested is not specified. Therefore, this request is not medically necessary at this time.