

Case Number:	CM15-0145301		
Date Assigned:	08/06/2015	Date of Injury:	08/26/2014
Decision Date:	09/09/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 59-year-old female who sustained an industrial injury on 8/26/14. Injury occurred secondary to taking a box off a shelf resulting in left shoulder pain. Conservative treatment included medications, activity modification, and physical therapy. The 6/4/15 physical therapy initial report cited worsening grade 5/10 left shoulder pain with limited range of motion, decreased function and weakness. Range of motion was documented as flexion 160 degrees and abduction 150 degrees. There was 4-/5 flexion and abduction weakness, and 4/5 extension weakness. The 6/9/15 treating physician report cited left shoulder complaints with difficulty in rotation, reaching behind and pushing, and increased symptoms with pulling and lifting. Shoulder exam documented crepitation and tenderness over the left acromioclavicular (AC) joint, and atrophy of the supraspinatus, deltoid, and rotator cuff musculature on the left. There were positive impingement and apprehension signs. Left shoulder range of motion was flexion 90, abduction 70, internal/external rotation 50, adduction 30, and extension 30 degrees. The diagnosis was posttraumatic left shoulder contusion resulting in rotator cuff tear and adhesive capsulitis, impingement syndrome, and AC arthritis. Treatment was delayed which had resulted in a frozen shoulder. The treatment plan recommended Celebrex, MRI to rule-out rotator cuff tear, and physical therapy. She was working modified duty. The 7/1/15 left shoulder MRI impression documented mild to moderate acromioclavicular joint osteoarthritis, as evidenced by capsular hypertrophy and osteophytosis, placing the patient at higher risk for impingement. There was mild supraspinatus tendinopathy. There was probably degenerative tearing throughout the superior aspect of the glenoid labrum. There was mild glenohumeral joint osteoarthritis, as evidenced by chondromalacic change and subchondral cyst formation in the

humeral head. The 7/7/15 treating physician report cited severe left shoulder pain. Physical exam documented weakness and positive impingement sign. The treatment plan recommended continued physical therapy and Celebrex. Authorization was requested for subacromial release labral debridement, left shoulder. The 7/14/15 utilization review non-certified the request for left shoulder subacromial decompression release, labral debridement as there was no clear clinical exam evidence of impingement, or detailed documentation of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial release labral debridement, left shoulder: 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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging showing positive evidence of impingement or rotator cuff deficiency. Guideline criteria have not been met. This injured worker presents with severe left shoulder pain. Clinical exam findings are consistent with imaging evidence of plausible impingement. However, there is no evidence that the injured worker has received at least 3 months of conservative treatment, including corticosteroid injections. There is no documentation relative to the progress shown in physical therapy to date. Therefore, this request is not medically necessary at this time.