

Case Number:	CM15-0147828		
Date Assigned:	08/10/2015	Date of Injury:	05/12/2015
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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, Oregon, Washington
 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 55 year old male sustained an industrial injury to the back and left shoulder on 5-12-15. Magnetic resonance imaging lumbar spine (7-1-15) showed disc bulge with degenerative changes resulting in neural foraminal stenosis at L4-5 and L3-4 and disc protrusion and degenerative changes at L5-S1. Documentation did not disclose recent left shoulder magnetic resonance imaging. In a Doctor's First Report of Occupational Injury dated 5-20-15, the injured worker complained of left shoulder pain rated 7 out of 10 on the visual analog scale associated with intermittent numbness and tingling. The injured worker reported feeling popping in the left shoulder. Physical exam was remarkable for left shoulder with tenderness to palpation over the acromial joint, rotator cuff and biceps tendon with decreased range of motion. The physician noted that x-rays of the left shoulder taken during the office visit showed normal alignment without fractures or dislocations and well-maintained bony alignment. Current diagnoses included internal derangement left shoulder with probable rotator cuff tear, mid back pain, acute lumbar spine and right sciatic nerve root irritation. The physician recommended magnetic resonance imaging lumbar spine and left shoulder, physical therapy and a prescription for Norco. Documentation did not disclose whether physical therapy was completed. In the most recent PR- 2 submitted for review, dated 6-17-15, the injured worker injured worker complained of left shoulder pain rated 6 out of 10 associated with occasional numbness and tingling. The injured worker reported being unable to lift heavy objects with his left shoulder. Physical exam of the left shoulder was unchanged. Current diagnoses included left shoulder internal derangement. The treatment plan included continuing home exercise and continuing pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder Arthroscopic Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, pages 209 and 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 5/20/15 and 6/17/15. 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 notes from 5/20/15 and 6/17/15 do not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. Therefore the request is not medically necessary.

Pre-op Clearance: 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.