

Case Number:	CM15-0162095		
Date Assigned:	08/28/2015	Date of Injury:	12/17/2014
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/18/2015

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 36-year-old female who sustained an industrial injury on 12/17/14. Injury occurred when she was transferring a patient from a gurney to the bed and the patient required a pull up/repositioning in bed. She reported the onset of left shoulder pain. Conservative treatment included medications, cortisone injections, ice, physical therapy, activity modification, and home exercise program. The 1/7/15 bilateral acromioclavicular (AC) joint x-rays with and without weights documented a normal radiographic examination without evidence of instability. The 1/12/15 left shoulder MRI impression documented moderate tendinopathy of the supraspinatus. Findings documented mild subacromial subdeltoid bursitis, and moderate AC joint hypertrophic degenerative change. She underwent C6/7 artificial disc replacement on 5/27/15 relative to a separate industrial injury. The 7/6/15 treating physician report indicated that her left shoulder was very painful to move and was not improving. She was off work relative to her cervical surgery. Left shoulder exam documented forward flexion 120, abduction 140, external rotation 80, and internal rotation 40 degrees with pain in all planes of motion. There was weakness in shoulder abduction and tenderness over the subacromial bursa and AC joint. The diagnosis included left shoulder subacromial bursitis, rotator cuff tendonitis, and impingement syndrome. The treatment plan recommended referral for surgical consult of the left shoulder. The 7/21/15 treating physician report cited continued left shoulder pain with difficulty sleeping and reaching. Left shoulder exam documented lateral shoulder tenderness, 4-/5 abduction weakness, positive impingement sign, and painful arc of motion 60-120 degrees. The injured worker had failed 7 months of conservative treatment, including physical therapy and two

corticosteroid injection. Authorization was requested for left shoulder arthroscopy, decompression and debridement. The 7/27/15 utilization review non-certified the request for left shoulder arthroscopy, decompression and debridement as the MRI findings were not of sufficient magnitude to warrant the requested procedure, and some of the left shoulder pain may be related to referred cervical pain and not necessarily due to shoulder pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, decompression debridement: Overturned

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; Surgery for rotator cuff repair.

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. 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 been met. This injured worker presents with continued left shoulder pain and functional difficulty. Clinical exam findings are consistent with imaging evidence of rotator cuff and AC joint pathology and plausible impingement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy and injections, and failure has been submitted. Therefore, this request is medically necessary.