

Case Number:	CM15-0207594		
Date Assigned:	10/26/2015	Date of Injury:	04/04/2014
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: Minnesota, Florida
 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 is a 58-year-old female with a date of industrial injury 4-4-2014. In the progress notes (8-26-15, 9-16-15), the IW reported left shoulder pain with burning sensations that radiated down the left arm with a feeling of heaviness and intermittent symptoms involving the hand. On examination (9-16-15 notes), flexion was slightly limited on the left at 160 degrees, abduction 170 degrees, extension 10 degrees and Apley's scratch test at L2. The left biceps tendon and the left subacromial area were tender to palpation. The sensation was diminished in the C7 and C8 dermatomes. Treatments included acupuncture, which improved her symptoms; medications (Ibuprofen, Neurontin, Lidoderm); physical therapy, which increased her symptoms; and steroid injection, which improved the pain temporarily. MRI of the left shoulder on 7-11-14 showed a SLAP tear, according to the treating provider. There was no full thickness rotator cuff tear. The IW was on modified work duty. Left shoulder surgery was recommended and the provider preferred [REDACTED] as surgeon. A Request for Authorization was received for surgical decompression of the left shoulder and consultation and treatment with [REDACTED]. The Utilization Review on 10-5-15 non-certified the request for surgical decompression of the left shoulder and modified the request for consultation and treatment with [REDACTED] citing CA MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Decompression of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: California MTUS guidelines indicate surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections can be carried out for at least 3-6 months before considering surgery. 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears is recommended. In this case the documentation provided does not indicate 3-6 months of an exercise rehabilitation program with 2-3 cortisone injections. As such, the request for a shoulder decompression is not supported and the medical necessity of the request has not been substantiated.

Consultation and treatment with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: With regard to the request for an orthopedic consultation, the guidelines indicate referral for surgical consultation in patients with activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Based upon the clinical findings of impingement supported by MRI findings, the orthopedic consultation is appropriate and medically necessary. However, the second part of the question pertains to treatment. The request as stated does not specify the type of treatment that is being requested. As such, the medical necessity of the treatment cannot be determined.