

Case Number:	CM15-0021747		
Date Assigned:	02/11/2015	Date of Injury:	09/25/2013
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/05/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury on September 15, 2013. He has reported back, shoulder, and neck injury. The diagnoses have included cervical sprain/strain, lumbar sprain/strain, shoulder sprain/strain, hand sprain/strain, and shoulder tendonitis/bursitis. Treatment to date has included medications, physical therapy, cortisone injection, radiological imaging, electrodiagnostic studies. Currently, the IW complains of left shoulder pain. He reports having only a few days relief of pain following the cortisone injection. Recent physical findings indicate weakness in abduction and flexion, and are positive for impingement of the left shoulder. The records indicate a magnetic resonance imaging of the shoulder dated May 27, 2014, revealed tendonosis with mild partial tearing of the supraspinatus, and mild partial tearing of the subscapularis. On January 5, 2015, Utilization Review non-certified arthroscopy with subacromial decompression of the left shoulder. The ACOEM and ODG guidelines were cited. On February 5, 2015, the injured worker submitted an application for IMR for review of arthroscopy with subacromial decompression of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with Subacromial Decompression (L) Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Acromioplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211.

Decision rationale: California MTUS guidelines indicate surgery for impingement syndrome after conservative care including cortisone injections and exercise program for at least 3-6 months. 2 or 3 subacromial injections of local anesthetic and cortisone preparations over an extended period as part of an exercise rehabilitation program is necessary to treat rotator cuff inflammation, impingement syndrome or small tears. With documentation of such a comprehensive rehabilitation program with physical therapy or supervised home exercise program and injections and trial/failure, surgical decompression is indicated. Injection of a local anesthetic into the subacromial space to localize the pain source is also recommended. Surgery for impingement syndrome is subacromial decompression. However, it is not indicated for mild cases or those with little activity limitation. The documentation does not indicate a recent comprehensive nonoperative rehabilitation program of 3-6 months with exercises/injections and trial/failure. As such, the medical necessity of the requested surgical procedure of arthroscopy with subacromial decompression is not substantiated.