

Case Number:	CM15-0024528		
Date Assigned:	02/17/2015	Date of Injury:	02/08/2011
Decision Date:	05/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 53-year-old male with a date of injury of 02/08/2011, with an unknown mechanism of injury. The injured worker's current diagnoses included grade 3 left shoulder separation; sprain of both upper extremities; impingement syndrome, right shoulder. Past treatment includes the use of NSAIDs, physical therapy, the use of a shoulder sling, and rest. Diagnostic studies include an MRI of the left shoulder dated 04/09/2014, which revealed superior displacement of the distal clavicle with respect to the acromion by approximately 1 cm, suggesting prior grade 3 acromioclavicular joint separation; with scarring of the acromioclavicular and coracoclavicular ligaments. There was noted tendinosis of the supraspinatus tendon with fraying along the bursa surface; and tendinosis of the subscapularis tendon, with no high grade rotator cuff tear identified. There was fluid noted in the biceps tendon sheath, suggestive of tenosynovitis, with mild degenerative fraying of the glenoid labrum, with no evidence of acute trabecular bone injury or fracture. There is no indication of past surgical history. Subjective complaints include slight pain in the left shoulder, with popping all the time. Restricted range of motion was at 88 degrees of internal rotation, 166 degrees of flexion, and 179 degrees of abduction. There was noted normal motor strength, normal sensation, and normal reflexes bilaterally. Spurling's test was noted negative bilaterally. Cervical compression test, Phalen's, Tinel's, and Finkelstein's test were all also negative bilaterally. Both shoulders were noted to be normal to palpation. There was a negative Neer's, row's and Hawkins test on the bilateral shoulders. Tests for instabilities were also negative. The treatment plan includes left shoulder arthroscopy with acromioplasty; associated surgical service: shoulder sling; post-op

physiotherapy qty 18; preoperative medical clearance; and associated surgical service: chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California ACOEM Guidelines state that surgery is usually arthroscopic decompression for the treatment of impingement syndrome. 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 to 6 months before considering surgery. The clinical records indicate that the injured worker has had some physical therapy, although it was unknown how many sessions have been completed, and there was no documentation of functional improvements. In addition, there was no indication of the use of corticosteroid injections prior to consideration for surgery. In addition, the injured worker did not demonstrate any neurological deficits on physical examination. Given all of the above, this request is not medically necessary.

Associated Surgical Service: Shoulder Sling: 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.

Post-Op Physiotherapy (18-sessions): 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.

Pre-Operative Medical 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.

Associated Surgical Service: Chest X-Ray: 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.