

Case Number:	CM15-0028295		
Date Assigned:	02/20/2015	Date of Injury:	03/15/2010
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/16/2015

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 43 year old male, who sustained an industrial injury on 03/15/2010. He has reported subsequent bilateral shoulder pain and low back pain and was diagnosed with lumbar spine disc protrusion and bilateral shoulder impingement. The injured worker has bilateral shoulder pain. He is status post left shoulder arthroscopic subacromial decompression and Mumford procedure on September 3, 2014. Primary treating physician's progress report dated January 15, 2015 indicates improvement after left shoulder surgery of 9/3/2014 ; however, there was some residual pain and popping as well as limitation of motion. On examination left shoulder rotator cuff strength was grossly intact but there was pain with movement. Forward flexion was 120° and extension 20°. Abduction was 110° and external rotation 60° and internal rotation 30°. Injection at the last visit did not help. The injured worker also reported right shoulder pain, neck pain, pressure, and low back pain radiating down the right lower extremity with numbness of the right thigh. Examination of the right shoulder revealed tenderness at the footprint with positive Hawkins, positive empty can, and painful arc. Forward flexion was 100°, extension 20°, abduction 95°, external rotation 50° and internal rotation 30°. There was a positive O'Brien's test. The provider requested right shoulder arthroscopy with subacromial decompression, Mumford procedure and debridement of the labral tear. No other medical records or diagnostic studies have been submitted. There are no physical therapy notes. On 01/28/2015, Utilization Review non-certified a request for right shoulder arthroscopy subacromial decompression Mumford, debridement Labrum tear. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy Subacromial Decompression Mumford, Debridement, Labrum Tear: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213.

Decision rationale: California MTUS guidelines indicate surgical considerations for 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. The MRI scan pertaining to the right shoulder has not been submitted and so the results are not known. For impingement syndrome the guidelines recommend conservative care, including cortisone injections for at least 3-6 months before considering surgery. Details of the conservative treatment have not been submitted although the progress notes do indicate failed conservative care. The injured worker underwent similar surgery on his left shoulder in September 2014 and based upon the progress notes of January 2015 he was continuing to experience difficulties with the left shoulder. In light of the documentation of neck pain, a diagnostic lidocaine injection to distinguish pain sources in the shoulder area, for example impingement, is suggested by guidelines for confirmation of the pain source. The guidelines requirements for the requested surgery have not been met. As such, the request for arthroscopy of the right shoulder with subacromial decompression, Mumford procedure, and labral debridement is not supported, and the medical necessity of the request has not been substantiated.