

Case Number:	CM15-0032583		
Date Assigned:	02/26/2015	Date of Injury:	10/30/2009
Decision Date:	04/13/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/20/2015

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 57-year-old female, who sustained an industrial injury on 10/30/09. On 2/20/15, the injured worker submitted an application for IMR for review of 1 left shoulder arthroscopic & mini open cuff decompression repair. The treating provider has reported the injured worker complained of ongoing left shoulder pain with neck and low back pain. The diagnoses have included left shoulder pain and impingement syndrome, left lumbosacral radiculopathy L5-S1, cervical radiculopathy, bilateral carpal tunnel syndrome. Treatment to date has included left shoulder injection (last one 3/18/14), MRI left shoulder (3/30/10, and 7/1/2013) physical therapy, medications. The last MRI did not show a rotator cuff tear. On 1/20/15 Utilization Review non-certified 1 left shoulder arthroscopic & mini open cuff decompression repair. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left shoulder arthroscopic & mini open cuff decompression repair: Upheld

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, 210, 211, 213.

Decision rationale: The injured worker is a 57-year-old female with a date of injury of 10/30/2009. Per primary treating physician's reevaluation report of 1/14/2015 she was complaining of constant left shoulder pain with radiation down the left upper extremity. She had received a left shoulder injection on March 18, 2014 with improvement in range of motion of the shoulder and there was a subsequent flare-up of the shoulder pain in the early part of June 2014. There was also a history of neck pain with radicular pain and paresthesias status post cervical epidural on March 4, 2014 with short-term improvement. She also has low back pain with left lower extremity radiation and paresthesias. EMG and nerve conduction studies revealed bilateral chronic active C5 and C6 radiculopathy and bilateral severe carpal tunnel syndrome on 12/3/2013. She also has muscle spasm involving the neck, back and left shoulder. There was numbness and weakness of the left upper and lower extremities. She also complained of headaches. She received a cervical epidural steroid injection on March 4, 2014 with associated 50% improvement in the neck and radiating upper extremity pain. However, she continued to experience bilateral shoulder pain. A second cervical epidural steroid injection was given on July 8, 2014 with improvement lasting for 1 week. She received an injection of corticosteroids into the shoulder on March 18, 2014 and her shoulder movements were restored to normal range. Physical therapy was started 2 times a week for 4 weeks with emphasis on a home exercise program. The physical therapy started on 5/28/2014 and was discontinued on June 9, 2014 due to pain. There was no corticosteroid injection given in that time. She received a home exercise kit for the left shoulder but it is not known if she continued a home exercise program. No other injections are documented. There was a flare-up of pain in June and an orthopedic consultation was performed on December 9, 2014 with recommendation of arthroscopy and mini open rotator cuff decompression/repair. The last MRI study did not show any evidence of rotator cuff tear and so the procedure was noncertified by utilization review. On examination there was tenderness over the anterior, lateral, posterior, and superior aspect of the left shoulder. A narrative report dated 2/11/2015 indicates flexion of the left shoulder was 90, abduction 90, extension 40, adduction 40 internal rotation 70 and external rotation 80. Orthopedic signs are not reported. The documentation indicates that the prior MRI of the cervical spine in 2010 showed protrusions at two levels. Per available notes the July 1, 2013 MRI of the left shoulder showed a mild tendinosis of the distal supraspinatus tendon, no rotator cuff tear, and a small amount of fluid within the subdeltoid and subacromial bursa and mild hypertrophy of the left acromioclavicular joint. An x-ray of the right shoulder dated July 17, 2013 was reported to be normal. The disputed issue pertains to a request for left shoulder arthroscopic and mini open cuff decompression repair. California MTUS guidelines indicate rotator cuff repair for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. The MRI scan of the left shoulder was last performed on July 1, 2013 and did not show a rotator cuff tear. There was mild tendinosis of the supraspinatus tendon and mild acromioclavicular arthritis noted. Based upon the history and the examination findings as well as the response to the corticosteroid injection of March 18, 2014, the IW likely has impingement syndrome. The guidelines indicate 3-6 months of a rehabilitation program consisting of corticosteroid injections in combination with exercise rehabilitation and physical therapy is necessary prior to consideration for subacromial decompression. 2 or 3 subacromial injections of local anesthetic and cortisone preparation are recommended over an extended period as part of

an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. A diagnostic lidocaine injection into the subacromial space will also distinguish pain sources in the shoulder area for example impingement versus radicular pain. The surgery as requested requires imaging evidence of a full thickness rotator cuff tear which is not submitted. As such, the request for left shoulder arthroscopic and mini open cuff decompression repair is not supported and the medical necessity of the request has not been substantiated.