

Case Number:	CM15-0032637		
Date Assigned:	02/26/2015	Date of Injury:	09/19/2014
Decision Date:	05/05/2015	UR Denial Date:	02/05/2015
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 46 year old male who sustained an industrial injury on 09/19/14. He lifted an alcohol tote and felt a twitch in his right shoulder. He has persistent discomfort in his shoulder since that time. Initial records have not been submitted. Treatments to date include medications, physical therapy, and local corticosteroid injections. Diagnostic studies include a MRI of the right shoulder. Current complaints include right shoulder pain. In a progress note dated 01/05/14 the treating provider reports the plan of care is right shoulder surgery. The requested treatment is right shoulder arthroscopy with debridement, and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, debridement, subacromial decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Labral tears.

Decision rationale: According to the initial orthopedic Worker's Compensation consultation dated December 8, 2014 the injured worker is a 45-year-old male with a date of injury of September 19, 2014. He lifted an alcohol tote and felt a twitch in his right shoulder. He has had persistent discomfort in his shoulder since that time. The unofficial reading of an MRI report dated October 21, 2014 pertaining to the right shoulder suggested a possible labral tear. No rotator cuff injury. Examination of the shoulder revealed full range of motion including flexion 180 and abduction 180. Internal and external rotation were 90. Impingement test was negative. Apprehension test was negative. Sulcus sign was negative. His strength was 5/5 against resisted shoulder abduction, internal rotation and external rotation. His diagnosis was right shoulder rotator cuff tendinitis, bursitis, and impingement syndrome. Treatment plan was Celebrex 200 mg per day and subacromial injection of lidocaine and Depo-Medrol into the right shoulder. A follow-up examination dated January 5, 2015 indicated that the symptoms did not resolve with anti-inflammatory medication, physical therapy, and the local corticosteroid injections. A right shoulder arthroscopy was advised with labral debridement and subacromial decompression. The MRI report has not been submitted. However, the utilization review documentation indicates that the MRI scan of the right shoulder dated 10/21/2014 revealed questionable superolateral anterior labral tear versus sulcus and tendinosis of the supraspinatus tendon with likely reactive bursitis in the subacromial/subdeltoid bursa. Given the lack of physical examination findings, the request for surgery was noncertified by utilization review. California MTUS guidelines indicate surgical considerations for red flag conditions for example an acute rotator cuff tear in a young worker, 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 his 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 documentation provided indicates no activity limitation. There is full range of motion documented in the shoulder. The examination was negative for impingement. There is no clear clinical and imaging evidence of a lesion that has been shown to benefit from surgery. The MRI scan showed a possible superior labral tear that was nondisplaced versus a sulcus. Based upon the absence of physical findings and absence of a surgical lesion on the MRI scan, the guideline criteria have not been met. There is no impingement on physical examination or the MRI scan to warrant the subacromial decompression. The guidelines for impingement syndrome necessitate 3-6 months of conservative treatment with 2-3 corticosteroid injections and a comprehensive exercise program with documented failure before a subacromial decompression is indicated. The documentation submitted does not indicate a failed exercise rehabilitation program of 3-6 months and there is no documentation of impingement on physical examination or the MRI. Therefore surgery for impingement syndrome is not indicated. If there is concern about the possibility of labral injury, ODG guidelines recommend imaging with an MR arthrogram to make a definitive diagnosis. Again 3 months of conservative treatment is recommended. As such, the request for arthroscopy of the right shoulder with subacromial decompression and labral debridement is not supported and the request is not medically necessary.