

Case Number:	CM15-0035355		
Date Assigned:	03/03/2015	Date of Injury:	07/18/2013
Decision Date:	04/21/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 female, who sustained an industrial injury on July 18, 2013. She reported being pushed down onto a cement floor, during which she landed on her left knee and left elbow. The injured worker was diagnosed as having sprain/strain of the left knee, thoracic spine, cervical spine and left shoulder. Treatment to date has included diagnostic lumbar facet medial nerve block, physical therapy, chiropractic therapy, medications, durable medical equipment/lumbar brace, home exercise program and steroid injection. Currently, the injured worker complains of constant low back pain with mid back pain radiating up the neck, constant left knee pain, and left shoulder pain. The injured worker rates her pain a 5 on a 10 point scale. MRI of the left shoulder September 20, 2014 demonstrates osteoarthritis of the acromioclavicular joint with tendinosis of the supraspinatus and infraspinatus tendons. Exam note December 31, 2014 demonstrates left shoulder flexion 160° an extension of 140°. A painful arc of motion is noted beyond 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopic Subacromial Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210 and 211. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 11th Edition, 2014, Shoulder, Surgery for Impingement Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Acromioplasty surgery.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 12/31/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 12/31/14 does not demonstrate evidence satisfying the above criteria. Therefore, the determination is not medically necessary.