

Case Number:	CM15-0042778		
Date Assigned:	03/12/2015	Date of Injury:	08/19/2011
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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 44 year old female, who sustained an industrial injury on 9/28/2010. The mechanism of injury is not reported. The progress notes dated January 26, 2015 document multiple subjective complaints including 8-10/10 pain in the left wrist and hand with numbness and tingling, 5-6/10 pain in the right hand and wrist with occasional numbness and tingling, left shoulder pain 10/10 aggravated with activities and right shoulder pain 5-6/10 and neck pain 9/10. She also reported abdominal pain, stress and depression. On examination, there was muscle spasm and guarding in the cervical spine with painful range of motion and tenderness. There was tenderness along both acromioclavicular joints and supraspinatus tendons. Flexion of the right shoulder was 160° and the left shoulder also 160°. Abduction was 145° in the right shoulder and the same in the left shoulder. Impingement testing was positive in both shoulders. There was a positive Tinel's in both elbows and tenderness in both wrists. The diagnosis was tendinitis bilateral hands and wrists, impingement syndrome bilateral shoulders status post injection to left shoulder. Authorization was requested for bilateral shoulder arthroscopy with subacromial decompression with the left being first. The diagnostic studies performed include EMG and nerve conduction studies of the upper extremities, which were negative. Cervical spine x-rays revealed straightening of the normal cervical lordosis, but were otherwise negative. Bilateral shoulder x-rays were negative. Bilateral wrist x-rays were negative. Bilateral elbow x-rays were negative. MRI scan of the left shoulder dated November 2011 revealed type I acromion without impingement. There was mild tendinosis of the supraspinatus tendon without tear and mild biceps tenosynovitis. With regard to the treatment, the medical records do not

include specific physical therapy sessions. One injection has been documented. Patient has been treated with opioids. The medical records submitted indicate widespread pain at high levels associated with tender points in the cervical spine, shoulder girdles, elbows, and wrists and symptoms of carpal tunnel syndrome in both hands without associated objective evidence on nerve conduction studies. There are associated symptoms of sleep difficulty and abdominal pain. There is a history of depression. The constellation of symptoms is suggestive of fibromyalgia syndrome. Cervical radiculopathy has been mentioned as a diagnosis. However, x-rays of the cervical spine are reported to be negative for cervical spondylosis. A request for arthroscopy of the left shoulder with subacromial decompression and intra-articular surgery was noncertified by utilization review. The decision and the rationale have not been included with the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, intra-articular surgery, subacromial decompression: 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 in patients with activity limitations 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 surgery for impingement syndrome is usually arthroscopic decompression. The procedure is not indicated for patients with mild symptoms or those who will have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. In this case, the symptoms were generalized in both upper extremities and the cervical spine. The records indicate 1 injection but the details of the conservative treatment have not been submitted. In particular, there is no documentation of physical therapy or a home exercise program in combination with 2-3 corticosteroid injections over a period of 3-6 months as recommended by guidelines. The MRI scan did not show any evidence of impingement. There is no surgical lesion identified on the MRI. The pain source has not been confirmed with diagnostic lidocaine injections to distinguish pain sources in the shoulder area. Good range of motion in both shoulders is documented. In light of the above, the guidelines criteria for arthroscopy with subacromial decompression have not been met and as such, the request for arthroscopy of the left shoulder, subacromial decompression, and intra-articular surgery is not supported by guidelines and the medical necessity of the request has not been substantiated.