

Case Number:	CM15-0044350		
Date Assigned:	03/16/2015	Date of Injury:	04/21/2009
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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 57 year old female, who sustained an industrial injury on 4/21/09. She has reported injury of neck, shoulders, arms, elbows, wrists, hands and knees due to continuous trauma and repetitive motion. The diagnoses have included shoulder impingement, wrist tendinitis/bursitis, cervical radiculopathy, trigger finger, lateral epicondylitis, and lumbosacral radiculopathy. Treatment to date has included medications, diagnostics, surgery, aquatic therapy, physical therapy, activity modifications and Transcutaneous Electrical Nerve Stimulation (TENS). Surgery has included spinal cord surgery 6/2008 and 9/20/13, trigger finger release multiple surgeries, and right knee arthroscopy 2/17/10. Currently, as per the physician progress note dated 10/9/14, the injured worker complains of continued neck and low back pain that radiates to the upper and lower extremities with associated numbness and weakness. She also has had a flare up of right upper extremity pain and spasming. The pain is in the right elbow radiating up into the shoulder and down into the wrist. Physical exam revealed spasm, tenderness and guarding in the cervical and lumbar spine with decreased range of motion. There was positive Phalen's and reverse Phalen signs noted bilaterally with decreased grip strength. She had weakness with elevation of both arms against gravity. The current medications were not noted. Work status was permanent and stationary with work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 10/9/24. 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 10/9/14 does not demonstrate evidence satisfying the above criteria. Therefore the determination is not medically necessary.