

Case Number:	CM15-0046836		
Date Assigned:	03/19/2015	Date of Injury:	06/13/2014
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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: Illinois, California, Texas

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 50-year-old female who sustained an industrial injury on 6/13/14. Injury was reported due to continuous trauma while employed as a housekeeper. The 8/13/14 cervical spine MRI impression documented 1-2 mm disc protrusions at C4/5, C5/6, and C6/7. The 8/13/14 lumbar spine MRI impression documented 3-4 mm broad-based disc protrusion at L4/5 and L5/S1, and a 2 mm disc bulge at L3/4. The 8/18/14 treating physician report indicated that the patient had decreased neck and shoulder pain. She was doing physical therapy and starting acupuncture treatment. Left shoulder exam documented tenderness, swelling and spasm, with slight painful restriction in all motions. There was global 4/5 left upper extremity strength. Apprehension, Dugas, Yergason's, and impingement tests were positive. The diagnosis was left shoulder derangement and impingement syndrome. The treatment plan recommended continued physical therapy and acupuncture, and ordered an MRI. Records documented that an 8/24/14 left shoulder MRI showed acromial signs of impingement of the acromioclavicular (AC) joint on the rotator cuff tendon without tears, and glenohumeral joint bursitis. A 2/16/15 request for left shoulder surgery was submitted. There was no current supporting clinical exam documentation in the provided records. The 2/27/15 utilization review non-certified the request for left shoulder surgery as there was no documentation of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For impingement syndrome, surgery is reserved for cases failing conservative treatment for at least 3 to 6 months, including steroid injections. Guideline criteria have not been met. There are no current subjective or clinical exam findings submitted to support the medical necessity of surgical intervention. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including steroid injections, and failure has not been submitted. Therefore, this request is not medically necessary.