

Case Number:	CM15-0049931		
Date Assigned:	03/23/2015	Date of Injury:	11/26/2012
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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 49-year-old female who sustained an industrial injury to the left shoulder on 11/25/12. Injury was reported due to repetitive upper extremity use for sign language in her work as a deaf aid. The 8/1/14 left shoulder MRI impression documented no indication of any tears in the rotator cuff, no abnormal sign in the bony structures of the shoulder, and no evidence of impingement on the rotator cuff. There was an apparent paralabral cyst at the posterior inferior aspect of the labra of the glenoid, consistent with a small tear in this area. The 12/9/14 physical therapy progress report indicated the patient had completed 6/8 visits no improvement with physical therapy and home exercise program. She had grade 5-9/10 left shoulder pain with severe functional limitations in work duties. Left shoulder active range of motion was documented as flexion 115, extension 62, abduction 125, and external rotation 72 degrees, with internal rotation to T8. Motor testing documented 3/5 flexion and abduction, 4-/5 external rotation and triceps, 4/5 biceps, and 4+/5 extension and internal rotation strength. Supraspinatus, impingement, and Speed's tests were positive. The 12/23/14 orthopedic report indicated the patient had undergone extensive shoulder therapy and was not better. A left shoulder injection was recommended. The diagnosis was left shoulder improvement syndrome. The 1/12/15 orthopedic progress report cited continued left shoulder pain and positive Neer's sign. A left shoulder corticosteroid injection was performed. The 2/11/15 treating physician report cited severe neck and left shoulder pain with numbness and tingling in her left hand and decreased neck range of motion. Left shoulder impingement surgery had been recommended. Treatment for left ulnar nerve entrapment had been approved. Physical exam documented left shoulder range of

motion as abduction 135, flexion 115, extension 20, and external rotation 60 degrees. Hawkin's was positive. Cervical exam documented decreased pain and sensation in the left C6 and C7/T1 nerve root distribution, and decreased left triceps and biceps strength. Cervical MRI documented C4/5 and C5/6 disc bulge with nerve effacement consistent with exam. Left shoulder MRI showed a labral tear. The 2/11/15 orthopedic report stated the patient had left shoulder impingement syndrome and was ready to proceed with anterior decompression. She had a diagnostic/therapeutic injection of the supraspinatus bursa which helped for one hour. The 3/2/15 utilization review non-certified the request for left shoulder anterior decompression based on insufficient clinical and imaging evidence to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior decompression of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, positive impingement sign with a positive diagnostic injection test, and imaging evidence of impingement. Guideline criteria have been met. This patient presents with severe and function-limiting left shoulder pain. Clinical exam findings, including diagnostic injection test, are consistent with impingement syndrome and correlate with imaging evidence of plausible impingement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.