

Case Number:	CM15-0052419		
Date Assigned:	03/25/2015	Date of Injury:	04/12/2011
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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 65 year old female, who sustained an industrial injury on 4/12/2011. She reported cumulative trauma to the left shoulder due to repetitive use of the bilateral upper extremities. The injured worker was diagnosed as having left shoulder impingement syndrome. There is no record of a recent radiology study. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of left shoulder pain with restricted movement and stiffness. In a progress note dated 2/19/2015, the treating physician is requesting left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213.

Decision rationale: The injured worker is a 65-year-old female with a date of injury of 4/12/2011. The nature of the injury was repetitive trauma to the left shoulder. MRI scan of the left shoulder dated 3/12/2012 showed no evidence of a rotator cuff tear or labral pathology. There was mild tendinosis of the biceps tendon and hypertrophic changes to the acromioclavicular joint. The current diagnosis is impingement syndrome of the left shoulder. No recent MRI scan is submitted. California MTUS guidelines indicate surgical considerations for activity limitation 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, 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 request for arthroscopy does not specify if it is diagnostic arthroscopy or arthroscopic surgery. Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those have no activity limitations. Conservative care, including cortisone injections can be carried out for at least 3-6 months before considering surgery. 2 or 3 subacromial injections of local anesthetic and cortisone preparation are recommended over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tears. The documentation provided does not indicate a recent imaging study to confirm the diagnosis. Without an imaging study to support the request for surgery, the guidelines do not support surgical intervention. There is no recent exercise rehabilitation program with corticosteroid injections and physical therapy. As such, the request for arthroscopy of the left shoulder with unspecified surgery is not supported and the medical necessity of the request has not been substantiated.