

Case Number:	CM15-0083296		
Date Assigned:	05/05/2015	Date of Injury:	07/11/2013
Decision Date:	06/17/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/30/2015

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 48 year old female, who sustained an industrial injury on 7/11/13. She reported right elbow injury. The injured worker was diagnosed as having shoulder impingement, lateral epicondylitis, DeQuervain's tenosynovitis, rotator cuff tendinitis, tendinitis, carpal tunnel syndrome, rheumatoid arthritis of hand, bilateral upper extremity overuse syndrome, ulnar neuritis, sprain/strain of hand, fibromyalgia, bursitis and anxiety attack. Treatment to date has included oral medications including Ibuprofen, left carpal tunnel release, physical therapy and home exercise program. (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies were positive. Currently, the injured worker complains of shoulder pain, left worse than right. At this time she has maxed out her therapy. Physical exam noted decreased range of motion of bilateral shoulders and tenderness of right supraspinatus anterior shoulder bilaterally, tenderness of chest wall bilaterally and lateral shoulder bilaterally. A request for authorization was submitted for left shoulder arthroscopy, possible rotator cuff repair and manipulation under anesthesia. An initial non-certification was based upon lack of documentation of physical therapy. The physical therapy notes documenting extensive physical therapy have since been provided. The non-certification is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, subacromial decompression, possible rotator cuff repair and manipulation under anesthesia: 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, 210, 211.

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitation 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 surgery for impingement syndrome is usually arthroscopic decompression. The injured worker has failed conservative care including extensive physical therapy. She cannot get corticosteroid injections due to a history of cardiovascular disease. She has exhausted conservative treatment and meets the guideline requirements for arthroscopy and subacromial decompression with possible rotator cuff repair and manipulation under anesthesia. The MRI scan shows evidence of impingement with rotator cuff tendinitis. As such, the surgical request is medical necessity.