

Case Number:	CM15-0235432		
Date Assigned:	12/10/2015	Date of Injury:	10/12/2006
Decision Date:	01/25/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/02/2015

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 52 year old female, who sustained an industrial injury on 10-12-06. The injured worker has complaints of right hip pain with constant stabbing with grinding sensation. The right hip pain radiates to right knee causing severe weakness. There is tenderness over right hip joint and decreased range of motion at right hip. The diagnoses have included sprain of neck; sprain of lumbar and sprains and strains of unspecified site of shoulder and upper arm. Treatment to date has included narcotics and anti-inflammatories. The original utilization review (11-5-15) non-certified the request for right shoulder arthroscopy subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy subacromial decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 52-year-old female with a date of injury of 10/12/2006. Although multiple injuries have been documented, the current request pertains to the right shoulder. The specific request is for arthroscopy with subacromial decompression. The progress notes dated 7/7/2015 document a history of right hip pain and right thigh pain. There was a request for right knee surgery pending at that time. A right lumbar sympathetic block was requested on 9/18/2015. A diagnosis of right shoulder strain was made on 10/14/2015. A right shoulder subacromial injection and the right shoulder arthroscopic subacromial decompression were requested on 10/14/2015. The notes refer to an AME of January 26, 2015 that recommended the injection as well as the shoulder surgery and a right hip joint replacement. The documentation provided does not include a detailed examination of the shoulder or diagnostic studies. The results of the shoulder injection are also not documented. There is no documentation of conservative treatment such as physical therapy or corticosteroid injections. The requested surgery is arthroscopy with subacromial decompression. California MTUS guidelines indicate that surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. In this case no imaging studies have been submitted and a detailed physical examination is not documented. As such, the diagnosis is not clear. The requested surgery is subacromial decompression which is usually performed for impingement syndrome or small rotator cuff tears after failure of conservative treatment. Evidence of a comprehensive nonoperative treatment program with exercise rehabilitation and corticosteroid injections has not been submitted. As such, the request for arthroscopy with subacromial decompression is not supported and the request is not medically necessary and has not been substantiated.