

Case Number:	CM14-0148681		
Date Assigned:	09/18/2014	Date of Injury:	10/18/2013
Decision Date:	10/16/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old male who sustained an industrial injury on 10/18/2013. While pushing a large trash container his hand slipped and he sustained dislocation injury to his right shoulder. Reportedly, treatment has included injections to reduce the dislocation, PT, electro-acupuncture, medications, and modified duty. There is mention of a 12/20/2013 right shoulder MRI that showed evidence of partial-thickness supraspinatus tendon tear and suggestion of a Bankhart lesion but not clearly identified, and AC (acromioclavicular) arthrosis is noted. An official copy and results of the MRI study is not provided for review. According to the 8/18/2014 orthopedic follow-up report, the chief complaint is dislocation of right shoulder. The patient complains of daily right shoulder pain, pain worse with overhead reaching. He feels the shoulder is unstable and commonly feels it pops out of place. He is working 4 hours a day. Physical examination documents tenderness over the anterior aspect of the right shoulder, 160 degrees forward flexion and abduction, positive apprehension and impingement signs. Assessment is history of dislocation of right shoulder, persistent symptoms of right shoulder instability, partial thickness right rotator cuff tear, and AC joint arthrosis. Surgical intervention is recommended and requested. The recent pain management follow-up on 9/2/104 documents the patient presents for follow up for right shoulder pain. There have been no acute changes. Pain is aggravated with activities and alleviated with rest and medications. He reports 2/10 pain with medications. He is currently taking Flexeril as needed for spasms, tramadol 50mg bid for pain, and Mobic 7.5 once daily for inflammation. He mainly takes medications after work. He continues to work part-time with restrictions, and he started work on 3/27/2014. He is able to tolerate this well. Past surgical history is right shoulder surgery 20 years ago. On examination, there is right shoulder tenderness over the AC joint and rotator cuff, positive impingement sign, 120 degrees flexion and abduction and decreased strength with abduction. Medications and work status are continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition, Chapter: Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder; Surgery for impingement syndrome, Surgery for shoulder dislocation

Decision rationale: According to the ODG guidelines, multiple traumatic shoulder dislocations indicate the need for surgery if the shoulder has limited functional ability and if muscle strengthening fails. If shoulder instability is present only with violent forceful overhead activity, activity modification is recommended. Surgery can be considered for patients who are symptomatic with all overhead activities and patients who have had two or three episodes of dislocation and instability that limited their activity between episodes." The guidelines also state, "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 three to six months before considering surgery. Because this diagnosis is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendinitis, also refer to the previous discussion of rotator cuff tears. The medical records do not establish this patient has repeated episodes of dislocation and instability. The medical records also do not provide an official MRI study that reveals a clear surgical lesion. There is lacking of subjective and correlative objective clinical findings to support surgical intervention. Furthermore, the medical records do not establish failure of standard conservative care, including cortisone injection to the right shoulder. The medical records do not support that the criteria for surgical intervention have been met. The medical necessity of the request is not established.