

Case Number:	CM14-0160442		
Date Assigned:	10/06/2014	Date of Injury:	08/19/2011
Decision Date:	10/31/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/30/2014

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 claimant is a 47 year old female who sustained a vocational injury while working as an assembler as a result of cumulative/repetitive trauma from 03/07/03 through 08/19/11. The report of an MRI of the right shoulder dated 01/10/14 showed acromioclavicular osteoarthritis, supraspinatus tendonitis, and infraspinatus tendonitis. X-rays of the right shoulder from the same date showed no appreciable abnormalities. An MRA was also noted to be performed on the same date; however, the only report available for review was that the MRA was performed successfully. The office note dated 09/26/14 is hand written and documented that the claimant severe right shoulder pain that was improving. On exam, she was tender about the right shoulder joint. She had forward flexion to 160 degrees and abduction to 130 degrees. It was recommended to the claimant that she continue a home exercise program and the claimant was noted to have been on Tramadol, Naproxen and previously used ibuprofen. The claimant also is documented to have undergone numerous extracorporeal shock wave procedures. Prior to each and every one of the extracorporeal shock wave procedure reports, it was noted that the claimant had attempted medications, physical and manipulative therapy, injections and still had significant residual symptoms. In an initial comprehensive orthopedic specialty consultation from 01/20/14, it was noted that the claimant had been given three cortisone injections into the right shoulder for transient relief of symptoms. The anatomic location of these injections is unfortunately not clearly defined in any of the documentation presented for review. The claimant has been given a diagnosis of right shoulder chronic pain. The current request is for a right shoulder arthroscopy and decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

R shoulder arthroscopy & decompression: Upheld

Claims Administrator 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 CHAPTER

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

Decision rationale: California ACOEM Guidelines note that prior to considering surgical intervention in the form of arthroscopy and decompression, there should be documentation of a minimum of 3-6 months of continuous conservative treatment prior to recommending and considering surgical intervention. Conservative treatment should include subacromial injections, formal physical therapy, home exercise program, activity modification, and anti-inflammatories. Documentation presented for review fails to establish the anatomic location of the noted cortisone injections which were previously provided. In addition, documentation also suggests the claimant's shoulder pain is improving and surgical intervention for impingement is typically not indicated for patients with mild symptoms or those who have no activity limitations, and there is no documentation of activity limitation in the records presented for review. Given the lack of documentation as noted above and the fact that the claimant is improving with what appears to be minimal conservative care, the medical necessity has not be clearly established for the right shoulder arthroscopy and decompression which has been requested and subsequently cannot be considered medically necessary.