

Case Number:	CM14-0093643		
Date Assigned:	07/25/2014	Date of Injury:	01/11/2006
Decision Date:	09/03/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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, has a subspecialty in Pediatric Surgery and is licensed to practice in Texas and Colorado. 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 injured worker is a 55-year-old female who reported an injury on 01/11/2006. The injured worker underwent an MRI of the right shoulder on 03/29/2006 that documented there was moderate tendinosis of the supraspinatus, infraspinatus and mild degenerative acromioclavicular joint disease with a small bone island in the humeral head. The injured worker underwent an MRI of the left shoulder on the same day that documented there was tendinosis versus a partial tear of the distal supraspinatus tendon. The injured worker was evaluated on 05/15/2014. It was noted that the injured worker was taking medications to assist with pain control. A right shoulder examination documented there was tenderness to palpation over the acromioclavicular joint with a positive impingement sign, Hawkins test, thumbs down test and cross arm abduction test in addition to 4/5 motor strength. Evaluation of the left shoulder documented that the injured worker had tenderness over the suprascapular musculature and supraspinatus tendon. The injured worker had a positive impingement sign, Hawkins sign, thumb down sign, and cross arm abduction sign with reduced muscle strength rated at a 4/5. The injured worker's diagnoses included musculoligamentous sprain/strain of the cervical spine, bilateral shoulder impingement, bilateral partial tear of the rotator cuff, musculoligamentous sprain/strain of the lumbar spine, lumbar spine disc disease, left wrist sprain/strain, and right knee sprain/strain. A request was made for bilateral shoulder arthroscopic decompression with possible Mumford procedure as the injured worker had positive impingement signs that have failed to respond to multiple conservative treatment modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder arthroscopic decompression with possible Mumford procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Indications for Surgery-Acromioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The requested bilateral shoulder arthroscopic decompression with possible Mumford procedure is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for shoulder injuries for injured workers who have significant limitations identified on clinical examination consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has clinical examination finding of impingement. However, the clinical documentation does not provide any recent treatment history to support that the injured worker has failed to respond to recent conservative treatment. There is no documentation that the injured worker participates in a home exercise program or has failed to respond to corticosteroid injections. Furthermore, the MRI provided for review is over 6 years old. Due to the history of the injury, an updated MRI would be needed to support the current need for surgical intervention. As such, the requested bilateral shoulder arthroscopic decompression with possible Mumford procedure is not medically necessary or appropriate.