MAXIMUS Federal Services

Case Number:	CM14-0212898		
Date Assigned:	12/30/2014	Date of Injury:	05/29/2014
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 62-year-old male with date of injury of 05/29/2014. The listed diagnoses from 11/19/2014 are: 1. Impingement syndrome and tendinosis, left shoulder. 2. Biceps tendonitis, left shoulder. 3. Adhesive capsulitis, left shoulder. 4. Acromioclavicular joint arthritis, left shoulder. According to this report, the patient complains of left shoulder pain. He describes his pain as constant, sharp, and achy. He has increased discomfort with lifting his arm. The patient rates his pain 5/10 at rest and 8/10 with activity. He denies any numbness, tingling, or weakness. Examination shows flexion is 100 degrees, abduction is 100 degrees, internal and external rotation is 60 degrees. He has pain with Hawkins' and Neer's maneuver. There is tenderness over the greater tuberosity and trapezius. Tenderness to palpation of the AC joint. There is a 4+/5 strength throughout. The patient has a stable shoulder on examination. Treatment reports from 07/19/2014 to 11/24/2014 were provided for review. The utilization review denied the request on 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left shoulder arthroscopy, subacromial decompression, distal clavicle resection and possible bicep tenodesis as an outpatient: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter on Surgery for Impingement Syndrome.

Decision rationale: This patient presents with left shoulder pain. The treater is requesting one left shoulder arthroscopy, subacromial decompression, distal clavicle resection, and possible biceps tenodesis as an outpatient. The ACOEM Guidelines page 209 on shoulder surgery has the following criteria: Red flag conditions: Activity limitations for 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 program, plus existence of a surgical lesion. Cleared clinical and imaging evidence of a lesion that has been shown to benefit, in both the short term and long term from surgical repair. ACOEM Guidelines also states on page 214 that surgical treatment consisting of subacromial decompression is recommended after failure of non-operative care. Furthermore, conservative care including cortisone injections can be carried out for at least 3 to 6 months before considering surgery. ODG under the Shoulder chapter on Surgery for Impingement Syndrome has the following indications: Recommended 3 to 6 months of conservative carePain with active arc motion 90 to 130 degreesWeak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection. Imaging studies shows positive evidence of deficit in rotator cuffThe MRI of the left shoulder from 07/19/2014 shows:1. Moderate biceps tendinosis and moderate rotator cuff tendinosis. 2. Arthrosis of the acromioclavicular joint with advanced cartilage loss and mild spurring. 3. Attrition of the posterior labrum adjacent to mild spurring of the glenoid rim. 4. Mild capsular thickening and increased signal suggesting adhesive capsulitis. The records show that the patient received 2 injections to the AC joint of the left shoulder. The treater notes that the patient had improvement with AC joint pain and slight improvement in flexion and abduction following the injections. The 11/24/2014 report notes that the patient continues to have severe pain with any movement past 90 degrees and has difficulty performing any activities of daily living. He has demonstrated only 1% improvement in his perceived function despite increased range of motion. The patient demonstrates severe pain with any movement or lifting. The MRI findings indicate that there is a surgical lesion present and the requested surgery that includes left shoulder arthroscopy, subacromial decompression, distal clavicle resection and possible biceps tenodesis is medically necessary.