

Case Number:	CM15-0019595		
Date Assigned:	02/09/2015	Date of Injury:	09/09/2011
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	02/03/2015

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: Illinois, California, Texas
 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:

This 42-year-old woman sustained an industrial injury on 9/9/11 due to repetitive job duties. Past surgical history was positive for left carpal tunnel release and left elbow ulnar nerve decompression medial epicondylectomy on 2/25/14. The 4/29/14 right shoulder MRI impression documented acromioclavicular joint degenerative change without rotator cuff tear or effusion. There was a significant abnormality in the labrum, which could represent degeneration, but a small tear was not excluded. An MR arthrogram was recommended for further assessment. The 12/17/14 treating physician report cited complaints of progressive right shoulder pain with overhead pushing and carrying. Right shoulder exam documented anterior tenderness without swelling or effusion. There was painful range of motion with 140 degrees flexion and 130 degrees abduction. Speed's, impingement, and abduction tests were positive. Clinical exam findings were also positive for right carpal tunnel syndrome. The diagnosis was right shoulder impingement syndrome with tendinitis/bursitis, and right carpal tunnel syndrome. Recommendations included right shoulder arthroscopic surgery with simultaneous right carpal tunnel release. The treating physician report reported the patient had failed injection, therapy, medications, and home exercises for the shoulder. On 12/26/2014, Utilization Review evaluated a prescription for right shoulder arthroscopy, submitted on 1/14/2015. The UR physician noted there was the possibility of a small labral tear, however, this procedure is not indicated for those with mild symptoms or no activity limitations. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Shoulder: Surgery for impingement syndrome

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of impingement are required. Guideline criteria have been met. This patient presents with progressive right shoulder pain with overhead pushing and pulling. Clinical exam findings evidenced impingement. Imaging documented acromioclavicular joint degenerative change. Detailed evidence of a recent, reasonable and comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.