

Case Number:	CM15-0120001		
Date Assigned:	06/30/2015	Date of Injury:	12/17/2014
Decision Date:	07/29/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, Indiana, Oregon
 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:

The injured worker (IW) is a 45-year-old male who sustained an industrial injury on 12/17/2014. Diagnoses include bilateral shoulder strain, left shoulder external impingement and biceps tendinopathy. Treatment to date has included medications, cortisone injections, physical therapy, activity modification, rest, ice and elevation. Cortisone injections were beneficial. According to the progress notes dated 5/5/15, the IW reported right shoulder pain rated 6/10 and left shoulder pain rated 8/10. The pain was aggravated by overhead lifting, pushing and pulling. On examination, forward flexion of the bilateral shoulders was 130 degrees; abduction 130 degrees; external rotation 45 degrees; and symmetric to contralateral side. There was no winging at the medial or lateral scapular border, bilaterally. Neer's test and empty can test was positive bilaterally and Hawkins test was positive on the left. Speed's and Yerguson's tests were positive at the biceps, bilaterally. On labral testing, Mayo shear test was positive bilaterally; crank testing was positive on the right; and O'Brien's was positive on the left. The upper extremities were neurologically intact bilaterally. There was tenderness to palpation over the left acromion. MRI of the left shoulder dated 5/19/15 showed cuff tendinopathy with fraying, partial thickness tearing of the subscapularis insertion, tendinosis of the intracapsular long head biceps and status post acromioplasty. A request was made for left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends up to 6 months of conservative care plus a painful arc of motion from 90-130 degrees. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, less than 6 month has elapsed from the report of injury to the request for surgery to allow for comprehensive non-surgical management. Based on this the request is not medically necessary.