

Case Number:	CM15-0125211		
Date Assigned:	07/16/2015	Date of Injury:	08/08/2014
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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: Montana, Oregon, Idaho
 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 is a 54 year old female, who sustained an industrial injury on 8/8/2014. She reported pain over her left knee and soreness over her upper back, neck and left arm and shoulder after falling. Diagnoses have included cervical sprain-strain, left shoulder parascapular muscle strain, left shoulder rotator cuff tendonitis, C5-6 and C6-7 disc herniation, cervical facet arthropathy, left cervical radiculitis and chronic reactive clinical depression secondary to chronic pain. Treatment to date has included shoulder injections, physical therapy, acupuncture, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5/26/2015, the injured worker complained of left shoulder pain rated six to seven out of ten. She reported that a cervical epidural steroid injection improved her neck pain. Objective findings revealed diffuse tenderness over the shoulder region. The left shoulder was injected with Lidocaine. The injured worker reported 80 percent pain relief after ten minutes. Authorization was requested for left shoulder arthroscopy decompression and post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder Arthroscopy Decompression: Upheld

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): 209-210.

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 3-6 months of conservative care plus a painful arc of motion from 90-130. 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. These criteria are supported by the documentation provided. However, in this case there is no radiology imaging report included in the documentation which demonstrates the presence of a surgical lesion. Therefore, the request for left shoulder arthroscopic decompression is not medically necessary.

Post operative physical therapy 2 times a week for 4 weeks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.