

Case Number:	CM15-0128639		
Date Assigned:	07/15/2015	Date of Injury:	09/04/2014
Decision Date:	08/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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 is a 39 year old female, who sustained an industrial injury on 09/04/2014. She has reported injury to the left shoulder. The diagnoses have included left shoulder pain; sprains/strains, unspecified site of left shoulder and upper arm; left shoulder impingement; and small focal partial articular sided tear of the supraspinatus tendon with labral tear and os acromiale, left shoulder. Treatment to date has included medications, diagnostics, injection, and physical therapy. Medications have included Excedrin and Xanax. A progress report from the treating physician, dated 05/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left shoulder pain; the pain is rated at 5/10 on the pain scale; the pain is described as achy, dull, and present with activity and motion; she also has stiffness; sometimes, she has to move the left arm with the opposite arm; and special positioning helps the pain. Objective findings included decreased ranges of motion of the left shoulder; there is guarding with range of motion; motor strength of the left upper extremity is 4/5; there is tenderness at the acromioclavicular joint, the subacromial bursa, and the greater tuberosity; there is pain or apprehension with resisted scapular abduction; there is pain with resisted external rotation of the shoulder; there is a positive Neer impingement sign, Hawkins impingement sign, and lift off test; there is tenderness at the bicipital groove; and the MRI of the left shoulder, dated 02/11/2015, showed a small focal moderate grade articular sided partial tear of the supraspinatus tendon anteriorly at the footprint, there is tendinitis of the subscap and a partial tear, and also a nondisplaced tear of the anterior and superior labrum with an os acromiale noted. The treatment plan has included the request for left shoulder diagnostic/operative arthroscopic debridement;

acromioplasty resection of coracoacromial ligament and bursa as indicated; possible left shoulder distal clavicle resection; post-operative physical therapy (x12); medical clearance; and sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Diagnostic/Operative Arthroscopic Debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery <http://www.odg-twc.com/odgtwc/shoulder.htm#surgery>.

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: CA MTUS/ACOEM is silent on the issue of diagnostic shoulder arthroscopy. Per ODG shoulder, the criteria to consider diagnostic arthroscopy of the knee are: 1. Conservative Care (medications or PT) AND 2. Subjective clinical findings 3. Imaging findings. In this case, there is no recent imaging demonstrating surgical pathology or equivocal findings. Therefore the request is not medically necessary.

Acromioplasty Resection of Coracoacromial Ligament and Bursa as Indicated: Upheld

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): 209-210.

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. In this case the imaging does not identify these structures as abnormal requiring surgical treatment. The request is not medically necessary.

Possible Left Shoulder Distal Clavical Resection: Upheld

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

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: Based upon the CA MTUS Shoulder Chapter, pages 209-210 recommendations are made for surgical consultation when there is red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for post

traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, there is no imaging evidence of AC joint arthrosis requiring resection. Based on this, the request is not medically necessary.

Post-Operative Physical Therapy (x12): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.