

Case Number:	CM15-0173478		
Date Assigned:	09/15/2015	Date of Injury:	06/19/2014
Decision Date:	10/15/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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, Oregon, Washington
 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 32-year-old female, with a reported date of injury of 06-19-2014. The diagnoses include left impingement syndrome and left rotator cuff tendonitis. Treatments and evaluation to date have included non-steroidal anti-inflammatory drug (NSAID), Ibuprofen, physical therapy, and cortisone injections. The diagnostic studies to date have included an MRI of the left shoulder on 07-11-2015 which showed unremarkable findings (no joint effusion or fluid in the subacromial-subdeltoid bursa, the marrow signal was normal, the supraspinatus muscle and tendon were intact, there was no tear or tendinopathy, and the glenohumeral joint was intact). The medical report dated 07-23-2015 indicates that the injured worker complained of left shoulder discomfort. It was noted that she described the level as being severe in nature. The symptoms were localized, and she pointed to the anterior acromial area. The range of motion of the left joint was normal according to the injured worker and painful with motion in any plane. The injured worker had no neurological complaints. She stated that the function seemed to be getting worse. The physical examination of the left shoulder showed tenderness at the acromioclavicular joint and anterior acromial border; positive straight arm raise test; no indication of tendonitis; abduction with internal rotation caused pain; pain with stress testing of the supraspinatus; no weakness; normal and symmetrical range of motion; no effusion; intact sensory and motor function in the distribution of the median nerve. The treating physician stated that the injured worker "has failed conservative treatment options of multiple Kenalog injections, 6 weeks of physical therapy, work modification, and time off work. There are no other treatment options available." The treatment plan included an arthroscopy with anterior

acromioplasty and debridement. The injured worker was off work. The treating physician requested a left shoulder arthroscopy, anterior acromioplasty and debridement. On 08-07-2015, Utilization Review (UR) modified the request for a left shoulder arthroscopy, anterior acromioplasty and debridement to a diagnostic left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy, anterior acromioplasty and 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, Shoulder Chapter. Diagnostic Arthroscopy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder section, acromioplasty surgery.

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 degrees that is not present in the submitted clinical information from 7/23/15. 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, the exam note from 7/23/15 does not demonstrate evidence satisfying the above criteria notably the relief with anesthetic injection. The MRI from 7/11/15 does not show a surgical lesion. Therefore, the request is not medically necessary.