

Case Number:	CM15-0040569		
Date Assigned:	04/10/2015	Date of Injury:	10/04/2012
Decision Date:	05/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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:

The injured worker is a 55-year-old male who sustained an industrial injury on 10/04/12. Injury occurred relative to lifting oxygen tanks. Past medical history was positive for diabetes and smoking. Past surgical history was positive for left shoulder arthroscopy with capsular release, subacromial decompression and distal clavicle resection on 4/25/14. The 11/4/14 physical therapy discharge report documented 6/10 neck and bilateral shoulder pain with significant functional limitations. There was bilateral loss of flexion and abduction range of motion with global 3/5 to 3+/5 weakness. The 12/8/14 treating physician report cited severe bilateral shoulder pain rated 8/10. Right shoulder range of motion was flexion 90, extension 30, abduction 90, adduction 30, internal rotation 70, and external rotation 20 degrees. Left shoulder range of motion was flexion 120, extension 30, abduction 120, adduction 30, internal rotation 70, and external rotation 20 degrees. Impingement tests were positive bilaterally. There was tenderness over the bicipital groove bilaterally. There were deltoid, biceps, supraspinatus, and infraspinatus muscle spasms bilaterally. There was 4+/5 right deltoid and 4-/5 left deltoid weakness. The diagnosis was bilateral shoulder internal derangement. The treating physician opined that the injured worker may need bilateral shoulder surgery depending on MRI results. The 2/4/15 utilization review non-certified the request for outpatient shoulder surgery. The rationale noted the patient had bilateral shoulder symptoms and handwritten notes were unclear as to the laterality of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Shoulder Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208, 210.

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

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. Guideline criteria have not been met. This injured worker presents with bilateral shoulder pain and functional limitations due to pain. There is significant loss of range of motion and strength with positive impingement signs bilaterally. There is no imaging documentation provided in the records. This request for surgery does not identify which shoulder or what procedure is planned. In the absence of this information, medical necessity cannot be determined. Therefore, this request is not medically necessary.