

Case Number:	CM15-0064920		
Date Assigned:	04/13/2015	Date of Injury:	11/02/2014
Decision Date:	05/13/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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 32-year-old male who sustained an industrial injury on 11/2/14. Injury occurred relative to lifting a five-gallon bucket up to a dumpster. The 1/16/15 right shoulder MRI impression documented a type III hook-shaped acromion, which was down sloping and might contribute to clinical impingement syndrome. There was increased signal along the distal bursal surface of the rotator cuff just distal to the acromion consistent with tendinosis and fraying or partial tearing. Conservative treatment had included oral steroids, anti-inflammatory medications, activity modification, chiropractic and physical therapy without sustained improvement. The 2/10/15 chiropractic report cited constant grade 6-7/10 right shoulder pain. Right shoulder exam documented flexion and extension 155 degrees, diminished right biceps reflex, positive jump sign over the acromioclavicular joint and 4/5 supraspinatus weakness. The treatment plan recommended 12 chiropractic/physiotherapy visits. The 3/19/15 orthopedic surgeon report cited continued right shoulder pain and stiffness. There as tenderness over the acromion with positive right shoulder impingement test. There was tenderness over the medial elbow and ulnar nerve groove. The diagnosis was impingement syndrome right shoulder and ulnar nerve neuritis right elbow. The treatment plan recommended right shoulder arthroscopy and bilateral upper extremity EMG/NCV. The 3/31/15 utilization review non-certified the request for right shoulder arthroscopy as there was no documentation of imaging findings or evidence of a 3-month conservative treatment trial and failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: 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), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Conventional x-rays, AP, and true lateral or axillary view and MRI, ultrasound, or arthrogram showing positive evidence of impingement are required. Guideline criteria have been not been fully met. This injured worker presents with persistent right shoulder pain. There is imaging evidence of plausible impingement syndrome. There is no evidence of a painful arc of motion. There is evidence of at least 3 months of conservative treatment with physical therapy, chiropractic, activity modification and physical therapy. However, there is no evidence of a diagnostic injection test. Additionally, the specific surgical procedure has not been documented. Therefore, this request is not medically necessary at this time.