

Case Number:	CM15-0069207		
Date Assigned:	04/16/2015	Date of Injury:	09/24/2013
Decision Date:	05/15/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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 51-year-old female who sustained an industrial injury on 9/24/13. Injury occurred while wrapping pallets. The 10/7/14 left shoulder x-ray impression documented acromioclavicular (AC) joint arthrosis, down sloping of the acromion that may predispose to impingement, and findings which could indicate a Hill-Sachs deformity. The 2/6/15 left shoulder MRI documented conjoined tendinosis of the supraspinatus and infraspinatus with associated bursal sided tear which likely had a full thickness component due to the infraspinatus intramuscular cyst, and mild to moderate AC joint arthrosis. The 3/13/15 treating physician report indicated that the injured worker was involved in a motor vehicle accident on 2/20/15 with cervical spine stiffness. She had continued left shoulder pain. Physical exam documented positive impingement, flexion 150 degrees, abduction 130 degrees, and apprehension to Jobe's test. The diagnosis was left shoulder sprain/strain with degenerative joint disease. The treatment plan requested left shoulder arthroscopic surgery. The 4/3/15 utilization review non-certified the request for left shoulder arthroscopic surgery as there was no imaging evidence of a surgical lesion or detailed evidence of conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery to left shoulder: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome; Surgery for rotator cuff repair.

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 not been met. This patient presents with persistent left shoulder pain. There is imaging evidence of rotator cuff tear with x-ray evidence of potential impingement. However, clinical exam findings do not meet guideline criteria relative to painful arc of motion, night time pain, weakness, tenderness, or diagnostic injection test. Detailed evidence of up to 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including injection, and failure has not been submitted. Therefore, this request is not medically necessary at this time.