

Case Number:	CM15-0093961		
Date Assigned:	05/20/2015	Date of Injury:	05/01/1990
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 73 year old male, who sustained an industrial injury on 05/01/1990. She reported the development of pain to the neck and bilateral arms secondary to cumulative trauma from work activities. The injured worker was diagnosed as having possible left arm radiculopathy, degenerative arthritis of the cervical spine, possible left shoulder rotator cuff tear, and possible left hand carpal tunnel syndrome. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, electromyogram with nerve conduction study, injection into the left shoulder subacromial space, and medication regimen. Magnetic resonance imaging from 03/18/2015 was revealing for mild hypertrophic tendinosis involving the distal half of the supraspinatus, moderate acromioclavicular joint arthroscopy with inferior osteophyte formations contacting the musculotendinous junction of the cuff, and mild atrophy of the supraspinatus muscle. In a progress note dated 02/13/2015 the treating physician noted complaints of ongoing discomfort to the neck that radiates to the left shoulder, arm, and hand. Examination from this date was revealing for discomfort with range of motion of the cervical spine and discomfort on palpation of the cervical paraspinal muscles. The left shoulder is remarkable for discomfort with palpation around the rotator cuff region, at the acromioclavicular joint, and with range of motion, along with a decreased sensation around the median nerve distribution. In a progress note dated 04/01/2015 the treating physician reports The progress note included results of an electromyogram with nerve conduction study from 03/12/2015 that was remarkable for moderate left carpal tunnel syndrome and magnetic resonance imaging of the cervical spine obtained from 03/18/2014 was remarkable for diffuse

disc bulging with left lateral protrusion at cervical four to five with evidence of possible nerve compression at left cervical five nerve root. The treating physician requested left shoulder arthroscopy with acromioplasty, but the documentation provided did not indicate the specific reason for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation 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 4/1/15. 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. In this case, the exam note from 4/1/15 does not demonstrate evidence satisfying the above criteria. Therefore, the request is not medically necessary.