

Case Number:	CM13-0009141		
Date Assigned:	10/11/2013	Date of Injury:	11/01/2006
Decision Date:	01/22/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California, Connecticut and Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old female who sustained an injury to the right shoulder in a work related accident on 11/01/06. Specific to the right shoulder for review is a 07/02/13 progress report with [REDACTED] an orthopedic surgeon, who indicated continued complaints of shoulder pain. Physical examination findings at that date showed tenderness to the bilateral acromioclavicular joints with bilateral supraspinatus tendinosis, positive impingement signs and 5/5 rotator cuff strength. The corticosteroid injection to the right subacromial space was performed at that date and a request for authorization for right shoulder arthroscopy and subacromial decompression was submitted based on the patient's continued complaints of pain. Prior treatment was noted to have included physical therapy. A follow-up assessment with [REDACTED] on 08/20/13 stated the patient had continued bilateral shoulder complaints and pain, with no significant benefit noted from the prior injection of steroid. Shoulder arthroscopy including subacromial decompression was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic subacromion decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery.

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

Decision rationale: Based on California ACOEM Guidelines, shoulder arthroscopy appears warranted. The claimant is noted to be with positive impingement syndrome and failed conservative care for three to six months, including a recent corticosteroid injection that provided no significant long term or substantial benefit. Given the claimant's ongoing complaints of pain and difficulties specific to the right shoulder, the role of operative intervention would appear to be medically necessary. Therefore, the requested right shoulder arthroscopic subacromion decompression is medically necessary and appropriate.