

Case Number:	CM13-0015221		
Date Assigned:	10/10/2013	Date of Injury:	05/08/2012
Decision Date:	02/14/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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. 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 33-year-old gentleman who was injured in a work related accident on 05/08/12. Clinical records specific to the left shoulder indicate a 07/02/13 assessment indicating conservative care including corticosteroid injections and therapy had been provided with no significant benefit. A prior MRI of 06/10/13 had evidence of bursitis and AC joint changes. Examination at that date showed continued restricted range of motion with weakness over the shoulder musculature with resistance. There was tenderness over the greater tuberosity. There were also positive impingement signs. Shoulder surgery was recommended for further intervention at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy Decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG).

Decision rationale: Based on California ACOEM Guidelines, shoulder arthroscopy with subacromial decompression would appear to be medically warranted. The claimant is noted to have failed conservative care including documentation of prior injectual therapy and continues to be symptomatic with weakness and positive impingement findings. Given the claimant's current clinical picture, the role of operative intervention to include a surgical arthroscopy and decompression would appear to be medically necessary.