

Case Number:	CM13-0018038		
Date Assigned:	11/06/2013	Date of Injury:	01/04/2012
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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 claimant is a 56-year-old gentleman injured in a work related accident on January 4, 2012. He sustained an injury to the right shoulder. Clinical records available for review specific to the claimant's right shoulder include a recent assessment of September 30, 2013, where the claimant was seen by [REDACTED] for continued complaints of back pain as well as right sided shoulder complaints. Physical examination on that date showed discomfort with elevation of the right upper extremity against gravity at 95 degrees with positive impingement testing. He was also noted to be with an MRI report of October 10, 2012 to the right shoulder showing mild to moderate degenerative changes at the acromioclavicular joint with a mild amount of fluid at the biceps tendon consistent with tenosynovitis with no indication of a SLAP or rotator cuff lesion. It states that he had failed care including physical therapy, corticosteroid injections, medication management, and rest and activity restrictions. Surgical intervention in the form of a right shoulder arthroscopy, decompression with possible biceps tendon tenodesis was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

arthroscopy of the right shoulder with acromioplasty and subacromial decompression and possible biceps tendon tendonitis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Shoulder Procedure: Surgery for ruptured biceps tendon (at the shoulder).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, surgical process would appear warranted. The claimant has failed greater than a year of treatment including injection therapy and continues to be symptomatic with positive impingement signs and an MRI that shows inflammatory changes to the biceps tendon. The role of surgical intervention at this stage in the clinical course at this stage in clinical course based on failed conservative measures would appear to be medically necessary.