

Case Number:	CM13-0019770		
Date Assigned:	12/18/2013	Date of Injury:	03/19/2013
Decision Date:	03/05/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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:

According to the records made available for review, this is a 56-year-old male with a 3/19/13 date of injury. At the time of request for authorization for Left Shoulder Arthroscopy with Acromioplasty, Mumford, Extensive Debridement and possible SLAP repair and Assistant Surgeon, there is documentation of subjective (constant left shoulder pain) and objective (left shoulder exam shows tenderness over the AC joint, positive impingement sign, positive supraspinatus sign and positive AC joint compression test, and restricted ROM in abduction, adduction, flexion, extension, and internal and external rotation) findings, imaging findings (MRI (5/14/13) report revealed mild to moderate rotator cuff tendinosis and mild biceps tendinosis, superior labral tear, and arthrosis of the acromioclavicular joint with advanced cartilage loss, subcortical cystic change, and moderate spurring; X-Ray Left Shoulder (3/28/13) report revealed moderate to severe degenerative changes involving the acromioclavicular joint), current diagnoses (Left shoulder SLAP lesion, moderate rotator cuff tendinitis, acromioclavicular joint degenerative joint disease with spurring, and a type two acromion), and treatment to date (activity modification, physical therapy, and medications). There is no documentation of additional objective findings (temporary relief of pain with anesthetic injection) and additional conservative treatment (cortisone injections).

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, Mumford procedure, extensive debridement and possible SLAP repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Surgery for impingement syndrome.

Decision rationale: MTUS identifies failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs and failing conservative therapy for three months including cortisone injections as criteria necessary to support the medical necessity of acromioplasty. ODG identifies documentation of conservative care for a recommended 3 to 6 months. Within the medical information available for review, there is documentation of pain with active arc motion and pain at night, weak abduction, tenderness over rotator cuff, and positive impingement sign, imaging findings, and failure of 3-6 months of conservative treatment (activity modification, physical therapy, and medications. However, there is no documentation of additional findings, such as temporary relief of pain with anesthetic injection and additional conservative treatment with cortisone injections. Therefore, based on guidelines and a review of the evidence, the request for this surgical intervention is not medically necessary.

An assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.