

Case Number:	CM13-0021972		
Date Assigned:	11/13/2013	Date of Injury:	09/01/2009
Decision Date:	01/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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 09/01/09 sustaining an injury to the bilateral knees as well as the right shoulder. Specific to his right shoulder complaints, there are no formal imaging findings available for review. Specific treatment in regard to the claimant's right shoulder is not documented from clinical records for review. It is indicated that he has previously undergone a left knee arthroscopy and lateral retinacular release in August of 2012. An orthopedic follow up assessment with [REDACTED] on 07/10/13 does not indicate the claimant's right shoulder as a current complaint, but does state that previous diagnostic testing for the shoulder has been done dating back to 2010, for which he does not document findings. He diagnosed the claimant with a bilateral left greater than right shoulder strain and noted the upper extremities were with an examination showing normal shoulder inspection with no atrophy, full range of motion, and no documented pertinent positive findings. At present, there is a request for surgical process to the right shoulder to include a subacromial decompression and distal clavicle procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right shoulder arthroscopy with distal clavicle excision and subacromial decompression as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM/Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure, Indications for surgery

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the surgical process in question cannot be supported. The clinical records for review fail to indicate any degree of any recent objective findings to the shoulder to support a diagnosis of impingement. There is also no indication as to the results of prior imaging to support the impingement diagnosis for this claimant. Finally, records do not support recent conservative care which would be inclusive of a corticosteroid injection; guidelines require that conservative measures are carried out for a three to six month period before guideline criteria would support the role of surgical intervention. The specific request in this case cannot be deemed medically necessary.