

Case Number:	CM13-0023158		
Date Assigned:	12/11/2013	Date of Injury:	09/28/1999
Decision Date:	02/07/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine and Rehabilitation, 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 47-year-old female who reported an injury on 09/28/1999. The patient is diagnosed with right shoulder pain, right shoulder impingement syndrome with SLAP lesion, and myofascial pain syndrome. The latest progress report was submitted by [REDACTED] on 10/25/2013 regarding a pain management followup. Physical examination revealed limited range of motion of the right upper extremity, positive drop arm testing and impingement sign, 2+ reflexes, and 5/5 motor strength. Treatment recommendations included continuation of current medication. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy; debridement; trim labrum; distal clavicle excision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Diagnostic Arthroscopy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for

more than 4 months, failure to increase range of motion and strength around the shoulder after exercise programs, and clear clinical and imaging evidence of a lesion. Official Disability Guidelines state diagnostic arthroscopies should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. As per the clinical notes submitted, the only documentation submitted for review was a pain management followup on 10/25/2013 and a psychiatric followup note on 07/31/2013. The patient's latest MRI of the right shoulder was submitted on 07/21/2011, and indicated focal interstitial partial tearing of the subscapularis, SLAP lesion type II, and AC degenerative change. There is no evidence of a recent failure to respond to at least 3 months to 6 months of conservative treatment. There is also no evidence of weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, or temporary relief of pain with an anesthetic injection. Based on the clinical information received, the patient does not currently meet criteria for the requested surgical procedure. As such, the request is non-certified.