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| Case Number: | CM13-0027152 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 06/17/2011 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 44-year-old male was reportedly injured on June 17, 2011. The mechanism of injury was a shot in the left shoulder. The most recent progress note, dated July 11, 2013, indicated that there were ongoing complaints of left shoulder pain and low back pains. Current medications included Norco, Ambien and Flexeril. The physical examination demonstrated tenderness along the left sided lumbar paravertebral muscles with spasms. There was decreased lumbar spine range of motion. Examination of the left shoulder noted moderate tenderness in the bicipital groove and decreased left shoulder range of motion. Continued medications and activity modification were recommended. There had been a reported 30% increase of overall improvement since starting physical therapy. Previous treatment included a steroid injection at the bicipital groove of the left shoulder. A request had been made for a left shoulder arthroscopy with visualization of the glenohumeral joint, with debridement and was not certified in the pre-authorization process on August 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, VISUALIZATION OF GLENOHUMERAL WITH DEBRIDEMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-8.

Decision rationale: According to the medical records reviewed, there was no magnetic resonance image of the left shoulder to support surgical intervention and the injured employee stated to be improving with conservative measures including physical therapy. For these reasons, this request for left shoulder arthroscopy with visualization of the glenohumeral joint with debridement is not medically necessary at this time.