

Case Number:	CM13-0032160		
Date Assigned:	12/11/2013	Date of Injury:	06/19/2012
Decision Date:	03/27/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/07/2013

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:

This 42 year old claimant has a date of injury of June 19, 2012 and has been treated for bilateral shoulder impingement syndrome, bilateral carpal syndrome and cervical radiculopathy. The claimant underwent right shoulder subacromial decompression, distal clavicle excision with carpal tunnel release on May 23, 2013. The office notes provided by [REDACTED] December 19, 2012 through August 21, 2013 documented bilateral impingement syndrome affecting the shoulder and carpal tunnel syndrome affecting the hands. The claimant underwent corticosteroid injections for impingement syndrome to both shoulders and the records document little in the way of relief of left sided shoulder symptoms with the injection. Little in the way of conservative care is documented in the records provided. There is some documentation that ice and heat were applied to the extremities, activity limitations have been followed and pain medication has been provided. One note on March 27, 2013 documented that the claimant has undergone physical therapy and acupuncture treatments however the duration of this treatment was not specified in the records provided. The physical therapy notes from June and July 2013 documented five visits of therapy status post right shoulder surgery and right carpal tunnel surgery. The physical therapy notes do not document any treatments to the left shoulder. An MRI report was provided that documented evidence of tendinosis affecting the left shoulder. Left shoulder subacromial decompression was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy with debridement, and subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209,211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Left shoulder arthroscopy with debridement subacromial decompression cannot be certified in this case, based on the CA MTUS ACOEM Guidelines which require three to six months of conservative care to include an exercise program. Absent documentation of three to six months of conservative care subacromial decompression surgery cannot be certified in this case.