

Case Number:	CM13-0032204		
Date Assigned:	12/11/2013	Date of Injury:	09/05/2011
Decision Date:	02/10/2014	UR Denial Date:	09/24/2013
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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Alaska. 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 58 year old female who reported an injury on 09/05/2011. The patient is diagnosed with right shoulder impingement syndrome. The patient was seen by [REDACTED] on 09/06/2013. Physical examination was not provided. Treatment recommendations included right shoulder arthroscopic subacromial decompression, distal clavicle resection, labral and/or cuff debridement versus repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, possible arthroscopic vs. open labral repair, rotator cuff repair, decompression with acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

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. As per the clinical notes submitted, the patient underwent an MRI of the right shoulder on 08/12/2013, which indicated a type 1 to 2 SLAP lesion, mild tendinosis of the distal supraspinatus tendon, and rotator cuff impingement syndrome. There is no documentation of a recent physical examination provided for review. Therefore, there are no objective findings included weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, or painful range of motion 90 to 130 degrees. There is also no evidence of temporary relief obtained with an anesthetic injection. Therefore, the patient does not currently meet criteria for the requested surgical intervention. As such, the request is non-certified.

Resection of coracoacromial ligament and/or bursa, mumford procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

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