

Case Number:	CM13-0033098		
Date Assigned:	12/06/2013	Date of Injury:	08/01/2003
Decision Date:	02/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 specific records in regard to his right shoulder indicate a recent assessment by [REDACTED] of 08/19/13 stating continued complaints of pain about the shoulder with examination showing limited range of motion, acromioclavicular (AC) joint tenderness, and a painful arc of impingement with no instability. The records do not indicate recent conservative measures. Imaging available for review only indicates a 2006 MRI scan of the shoulder showing AC joint arthrosis and some mild tendinopathy. Surgical intervention was recommended in the form of a subacromial decompression and a distal clavicle excision for further treatment in regard to the claimant's continued right shoulder complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder open acromioplasty and Mumford procedure: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp 18th Edition, Shoulder Chapter.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the right open acromioplasty and Mumford procedure would not be indicated. The records fail to meet clinical guidelines for support citing no recent conservative care for the last three to six months or documentation of recent imaging to support surgical intervention. CA ACOEM Guidelines recommend six months of conservative care including corticosteroid injections prior to proceeding with surgery for impingement. Thus, the request for the proposed surgery would not be supported based on guideline criteria at this time.