

Case Number:	CM13-0034383		
Date Assigned:	12/06/2013	Date of Injury:	04/17/2012
Decision Date:	04/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 claimant is a 53-year-old gentleman who sustained an injury to the left shoulder on April 17, 2012. Specific to the claimant's left shoulder, clinical records for review included an MRI report of April 17, 2013 showing a cyst at the coracoid with small extension to the region of the superior labrum, possibly representing evidence of a superior labral tear. There was also fluid located in the infraspinatus muscle consistent with an inflammatory process. There was no full thickness rotator cuff tearing. Labral pathology was not formally documented. A clinical progress report dated December 3, 2013 documented ongoing complaints of pain in the left shoulder. There was also documentation that conservative care had failed including medication management and physical therapy. Objectively, the examination showed limited flexion and abduction with no tenderness over the rotator cuff and positive tenderness over the anterior aspect of the shoulder. There was no documented weakness. Working diagnosis was calcific tendinosis. Based on failed conservative care, the recommendation for a subacromial decompression with possible biceps tenodesis was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION, CALCIUM RESECTION AND POSSIBLE LH BICEPS TENODESIS: 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 Surgery for Impingement Syndrome; Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: Shoulder Procedure - Surgery for ruptured biceps tendon (at the shoulder)

Decision rationale: Based on California ACOEM 2004 Guidelines and supported by Official Disability Guidelines the surgical request for left shoulder arthroscopy with subacromial decompression, calcium resection and possible biceps tenodesis cannot be recommended as medically necessary. The clinical records do not document that the claimant has had a formal course of conservative measures including injection therapy to satisfy the ACOEM Guidelines. While the claimant's imaging demonstrates an inflammatory process of the rotator cuff, the lack of documentation regarding conservative treatment including injection therapy would not support the need for the surgery.