

Case Number:	CM13-0034775		
Date Assigned:	12/11/2013	Date of Injury:	03/12/2012
Decision Date:	02/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/15/2013

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 patient is a 64-year-old gentleman who was injured on March 12, 2012. Clinical records for review indicate an injury to the right shoulder. Recent clinical assessment of July 17, 2013 by [REDACTED] stated ongoing complaints of shoulder pain with weakness. Examination findings demonstrated tenderness to the acromioclavicular (AC) joint as well as positive impingement testing. It states that the claimant has failed conservative measures, which were not specifically documented. Formal imaging is unavailable to review, but it was noted that a previous MRI scan demonstrated AC joint arthropathy and tendinosis of the supraspinatus. As stated, specific conservative care has not been supported. The plan at present was for a surgical arthroscopy and decompression procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

right shoulder arthroscopy with subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561. Decision based on Non-MTUS Citation ODG Shoulder, Diagnostic arthroscopy

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

Decision rationale: Based on the California ACOEM Guidelines, the surgical process would not be indicated. The California ACOEM Guidelines clearly indicates that the surgery for impingement syndrome is reserved for cases that have failed conservative care including corticosteroid injections for three to six months. Records for review fail to demonstrate formal imaging findings to confirm or refute current diagnosis with documentation of recent conservative measures including corticosteroid injections not supported. The specific request for operative arthroscopy with subacromial decompression in this case has not been established. Therefore the request for a right shoulder arthroscopy with subacromial decompression is not medically necessary and appropriate.