

Case Number:	CM13-0036448		
Date Assigned:	03/21/2014	Date of Injury:	01/26/2011
Decision Date:	07/25/2014	UR Denial Date:	10/01/2013
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 Surgeon and Hand Surgeon 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 injured worker is a 51-year-old female who reported injury on 01/26/2011. The mechanism of injury was not provided. Prior treatments included physical therapy, chiropractic care, and medication management as well as injections. The documentation of 07/30/2013 revealed the injured worker had a positive Neer's test and a positive Hawkins test on the left shoulder. The injured worker had positive greater tuberosity tenderness on the left. The injured worker had a positive crossover test on the left. Resisted abduction and external rotation strength was 4/5. The diagnoses included left shoulder impingement syndrome and left shoulder strain as well as partial rotator cuff tear. The treatment plan included authorization for left shoulder arthroscopy, subacromial decompression and AC joint resection as the injured worker had failed all conservative management including physical therapy, injections, and medications. Subsequent documentation dated 04/08/2014 revealed the injured worker's physical examination to remain the same. The request was made again for a left shoulder arthroscopy, subacromial decompression and AC joint resection as well as physical therapy and a VascuTherm ice unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER ARTHROSCOPY, SAD (SUBA-CROMIAL DECOMPRESSION),
AC (ACROMIO-CLAVICULAR) JOINT RESECTION: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209,214,211,204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for surgery-Acromioplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured worker's who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength of musculature around the shoulder even after an exercise program plus the existence of a surgical lesion upon objective imaging findings and objective physical examination. The clinical documentation submitted for review failed to indicate the injured worker had an MRI to support the necessity for surgery. There were objective findings and it was indicted the injured worker had failed conservative care. Given the above and lack of documentation, the request for left shoulder arthroscopy, SAD (subacromial decompression), AC (acromioclavicular) joint resection is not medically necessary.