

Case Number:	CM13-0038201		
Date Assigned:	12/18/2013	Date of Injury:	05/04/2012
Decision Date:	02/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/27/2013

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 Hand Surgery and is licensed to practice in Texas. 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 38 year old female who reported an injury on 05/04/2012. The patient is currently diagnosed with right shoulder sprain and strain with bursitis, tendinitis, and impingement, right wrist carpal tunnel syndrome, right elbow pain, and cervical spine sprain and strain. The patient was recently seen by [REDACTED] on 12/20/2013. The patient reported persistent right shoulder pain. Physical examination revealed tenderness to palpation, 4/5 strength, positive impingement and cross body testing, and diminished range of motion. Treatment recommendations included authorization for surgical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopic decompression, distal clavicle resection and rotator cuff debridement: Upheld

Claims Administrator 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

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, Surgery for impingement syndrome, Surgery for rotator cuff repair

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, there is no recent documentation of subjective findings including pain with active arc of motion 90 degrees to 130 degrees or pain at night. There are also no recent objective findings including weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, or 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. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.