

Case Number:	CM13-0039324		
Date Assigned:	04/25/2014	Date of Injury:	04/01/2012
Decision Date:	06/12/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/03/2013

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 43-year-old female who injured her neck and right shoulder as a result of cumulative trauma on 04/01/12. The report of an MRI of the right shoulder dated 04/20/13 identified partial supraspinatus tendon tearing but no full thickness pathology. There was infraspinatus tendinosis with a signal change at the labrum, subacromial bursitis, but no other findings. The report of a follow up visit on 08/29/13 noted continued complaints of pain in the shoulder. Physical examination showed diminished range of motion of the shoulder but no other formal findings were documented. The recommendation was made, based on failed conservative care, for a diagnostic and operative arthroscopy of the shoulder. Specific documentation of conservative care was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC AND OPERATIVE ARTHROSCOPY OF THE RIGHT SHOULDER:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: Based on the California MTUS/ACOEM Guidelines, right shoulder diagnostic and operative arthroscopy of the right shoulder cannot be supported. There is no documentation of prior conservative measures including physical therapy or injections to support the acute need of surgery for a partial thickness rotator cuff tear. MTUS/ACOEM Guidelines would recommend the need for conservative care including an injection for three to six months before proceeding with operative procedure. Therefore, the request for diagnostic and operative arthroscopy of the right shoulder is not medically necessary and appropriate.

SURGICAL ASSISTANT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bebnsnc.com>, co-surgeon, Assistant Surgeon, Team Surgeon and Assistant-At-Surgery Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.