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| Case Number: | CM13-0039743 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 03/14/2012 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 10/03/2013 |
| Priority: | Standard | Application Received: | 10/08/2013 |

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 52 year old injured in a work related accident on March 14, 2012. Specific to the claimant's left shoulder there is an appeal letter dated October 8, 2013 indicating request for formal left shoulder arthroscopy decompression rotator cuff repair. Mumford procedure had been denied. Imaging findings or examination findings are not noted. It cites the fact that a prior AME that was performed indicated a need for surgical process. There is no documentation of formal imaging available for review in regards to the left shoulder. There is documentation the claimant previously underwent a contralateral right shoulder operative arthroscopy with decompression and rotator cuff repair October 12, 2012. The recent physical examination is a qualified medical examination of August 31, 2013 that showed no documented diagnosis of left shoulder injury or physical examination to the left shoulder was performed. The records are silent regarding recent treatment noted other than chronic medication management with Tramadol. There is no indication of specific treatment utilized to the claimant's left shoulder.

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, ARTHROTOMY WITH ROTATOR CUFF REPAIR AND MUMFORD PROCEDURE (DISTAL CLAVICLE RESECTION): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure, Partial Claviclectomy.

Decision rationale: Based on the California MTUS Guidelines and supported by the Official Disability Guidelines criteria surgical process cannot be supported. The treating physician indicates the claimant is with rotator cuff pathology, documentation of imaging is not available for review with a lack of documentation of recent conservative measures over the interval course of injury that would fail to satisfy the guideline criteria. The absence of specific documented imaging in conjunction with conservative measures would not support the role of the above requested procedure.