

Case Number:	CM13-0040863		
Date Assigned:	12/20/2013	Date of Injury:	02/18/2009
Decision Date:	05/15/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 57-year-old male who reported an injury on 02/18/2009. The mechanism of injury was not provided. Current diagnosis is left shoulder failed surgery with biceps tenosynovitis and failed rotator cuff repair. The injured worker was evaluated on 10/11/2013. The injured worker reported persistent pain with sleep difficulty. Physical examination of the left shoulder revealed tenderness to palpation, crepitus, weakness, and positive Speed's testing. Treatment recommendations included a left shoulder arthroscopy with subacromial decompression and open biceps tenodesis. It is noted that the injured worker underwent a left shoulder MRI on 07/22/2012, which indicated questionable evidence of an acromioplasty, partial bursal surface tear versus small thickness tear involving the distal supraspinatus tendon without retraction, and moderate tendinosis/degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY, SHOULDER. SURGICAL, DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED: Upheld

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

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

Decision rationale: The 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 after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker does demonstrate tenderness to palpation, positive impingement testing, weakness, and positive Speed's testing with crepitation. However, there is no documentation of an exhaustion of conservative treatment to include exercise programs. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request for ARTHROSCOPY, SHOULDER. SURGICAL, DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED is non-certified.