

Case Number:	CM13-0041844		
Date Assigned:	12/20/2013	Date of Injury:	05/18/2011
Decision Date:	03/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/15/2013

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 is licensed to practice in Pennsylvania. 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:

This claimant is a 55-year-old injured in a work-related accident 05/18/11. The clinical records specific to the claimant's left shoulder indicate prior imaging of an MRI report of 08/05/13 that shows moderate acromioclavicular joint degenerative changes with moderate infraspinatus tendinosis and no evidence of rotator cuff tearing. A followup orthopedic assessment of 09/13/13 with [REDACTED] stated continued complaints of pain about the shoulder. He states a recent corticosteroid injection to the subscapular area provided good relief. The claimant is now with continued complaints as the effects of the injectable are wearing off. She has also utilized physical therapy and medication management. Objectively, there was tenderness over the superior medial border of the scapula with tenderness. The claimant was diagnosed with left shoulder rotator cuff tendinosis and bursitis. Based on failed conservative care, operative intervention was recommended in the form of an arthroscopic evaluation and decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209.

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

Decision rationale: Based on California ACOEM guidelines, the surgical process would appear medically necessary. The claimant is with clear diagnosis of impingement with failed conservative care including injection therapy. The treatment has occurred for greater than a three to six month period of time. The role of intervention based on continued ongoing complaints and physical findings would appear to be medically necessary.