

Case Number:	CM13-0045617		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2013
Decision Date:	09/08/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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 51-year-old female who was injured in work related accident on 02/19/13. The records indicate an injury to the right wrist, elbow and shoulder. Specific to the claimant's right shoulder, there is no documentation of formal imaging available for review. On a recent 07/31/13 assessment, it stated continued complaints of pain for which a corticosteroid injection provided only a few weeks of relief. It describes her current symptoms with examination showing positive Neer and Hawkins testing with tenderness over the greater tuberosity, full range of motion and strength but no other findings. There were no documented findings to the AC joint noted. As stated, formal imaging of the shoulder was not noted. Surgical request at that time was for operative arthroscopy with subacromial decompression and AC resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Based on California ACEOM Guidelines, a shoulder surgery and subacromial decompression would not be indicated. California MTUS states, "This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery." In this individual, there is no current documentation of imaging for review to confirm or refute impingement and/or rotator cuff/AC joint findings. Without clinical correlation of claimant's imaging, the surgical request for arthroscopy and impingement related procedures would not be indicated.

SUBACROMIAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: California ACEOM Guidelines would not support the role of a subacromial decompression. California MTUS states, this procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery." As stated, the claimant's need for operative intervention has not been established. The specific need for decompression would not satisfy guideline criteria without documentation of six months of conservative measures and imaging indicative of impingement related findings.

AC JOINT RESECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: California MTUS Guidelines are silent. Looking at Official Disability Guidelines criteria, the specific portion of the surgical request, a distal clavicle incision would not be indicated. Presently there is no imaging available for review to confirm AC joint posttraumatic or degenerative joint changes nor is there physical examination finding demonstrating AC joint pathology. Without documentation of the above, the specific surgical request would not be indicated.