

Case Number:	CM13-0048807		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2011
Decision Date:	03/21/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/06/2013

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 Texas. 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:

The patient is a 59-year-old female who reported an injury on 06/15/2011, secondary to a fall. The patient is currently diagnosed with impingement syndrome, status post subacromial decompression and distal claviclectomy, bicipital tenosynovitis, sacroiliac sprain, and bursitis of the hip bilaterally. The patient was seen by [REDACTED] on 11/13/2013. The patient reported persistent left shoulder pain with activity limitation. Physical examination was not provided. Treatment recommendations included authorization for a left shoulder open Mumford procedure with open distal claviclectomy, as well as continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left shoulder open Mumford procedure: 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): 209-210.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation, 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 patient's physical examination was not provided on the requesting date of 11/13/2013. A previous note by [REDACTED] on 10/24/2013 also failed to provide a physical examination. Documentation of an exhaustion of conservative treatment was not provided. There were also no imaging studies provided for review. Based on the clinical information received, the request is non-certified.