

Case Number:	CM13-0050088		
Date Assigned:	01/15/2014	Date of Injury:	04/02/2010
Decision Date:	05/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/11/2013

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:

This is a 63-year-old female injured on 04/02/10, sustaining an injury to the right shoulder. Clinical records for review include previous imaging including a CT scan of the right shoulder performed without contrast of 09/20/13, showing mild osteoarthritic change of the acromioclavicular joint, but no evidence of foreign bodies, calcific findings or fracture. Previous MRI scan also performed on 09/11/13 showed tearing to the anterosuperior portion of the labrum with a mild strain of the supraspinatus and mild osteoarthritic changes of the AC joint. A 09/20/13 follow-up indicated continued complaints of pain about the shoulder. Reviewed at that time was imaging and a physical examination that showed "presence of impingement." A corticosteroid injection was performed at that date. Surgical process to include an arthroscopy, subacromial decompression and CA ligament resection was recommended. Further formal physical examination findings were not noted. A follow up of 10/25/13 indicated surgical process had been denied and it stated lack of objective findings in benefit from conservative measures. Treating physician [REDACTED] at that date stated that the recent injection provided short term relief. He did not provide further objective findings and once again recommended the surgical process as requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of right shoulder: 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): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: Based on California MTUS Guidelines and the role of surgical process to include arthroscopy in this case is not supported. The claimant's clinical records fail to demonstrate physical examination findings consistent with need for operative intervention. At present there is no indication of acute need of labral repair or distal clavicle excision given the claimant's lack of physical examination findings or treatment to date. Specific surgical request given the nature of the claimant's examination findings would not be indicated.

Right shoulder SLAP/BANKART repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS guidelines are silent. When looking at Official Disability Guidelines, as stated above, there is no current indication of clinical examination findings significant with need for a SLAP or Bankart repair. The claimant's MRI scan demonstrated anterior tearing to the labrum consistent with degenerative process, the lack of documentation of shoulder instability or examination associated with instability would not necessitate the process as requested.

Distal clavicle resection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS guidelines are silent. When looking at Official Disability Guidelines, as stated above, there is no indication of physical exam finding to the AC joint consistent with need for distal clavicle resection. Specific request in this case is not supported.

Subacromial decompression: 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): 211.

Decision rationale: The Expert Reviewer's decision rationale: Based on CA ACOEM Guidelines, as stated above, the surgical process in question has not been supported, thus negating the need of this portion of the operative procedure.