

Case Number:	CM13-0050644		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2006
Decision Date:	05/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 70-year-old female who injured her shoulder on April 25, 2006. Records indicate a prior shoulder arthroscopic debridement, biceps tenodesis, subacromial decompression, and rotator cuff repair taking place on June 3, 2010. On October 8, 2013 the claimant continued to complain of shoulder pain with activity. Physical examination showed markedly positive impingement signs but no other specific findings. A right shoulder subacromial injection was performed on that date which reportedly offered temporary relief. Shoulder arthroscopy with subacromial decompression and debridement was recommended based upon the claimant's temporary relief from the anesthetic portion of the injection. The clinical records provided for review fail to identify recent clinical imaging of the shoulder or documentation of conservative treatment since time of prior surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT SHOULDER ARTHROSCOPY AND SUBACROMIAL DECOMPRESSION AND DEBRIDEMENT: Upheld

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

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

Decision rationale: Based on the ACOEM Guidelines, shoulder arthroscopy and decompression would not be recommended. This individual is noted to be status post arthroscopy and rotator cuff repair in 2010 with clinical records only indicating a recent corticosteroid injection being performed on the same date for which surgery was recommended. There is no documentation of other forms of conservative treatment offered for the symptoms. ACOEM Guidelines recommend three to six months of conservative care before proceeding with an operative procedure. There is also no documentation of imaging performed since the previous surgery in 2010. The claimant has already undergone a decompressive procedure to the acromion. There is a lack of documentation of other forms of conservative treatment other than the recent subacromial injection, and a lack of current imaging studies. The proposed right shoulder subacromial decompression and debridement is not medically necessary and appropriate.