

Case Number:	CM13-0055448		
Date Assigned:	12/30/2013	Date of Injury:	09/23/2011
Decision Date:	05/22/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 40-year-old female who sustained an injury to the right shoulder on 09/23/11. The records for review documented that the claimant has failed conservative measures and has a diagnosis of acromioclavicular joint arthropathy and impingement. The recommendation for a right shoulder arthroscopy with subacromial decompression was made. The report of an MRI of the right shoulder dated July 19, 2012 showing acromioclavicular joint arthropathy, and was negative for other findings. The clinical examination of October 15, 2013 showed restricted range of motion at endpoints and positive impingement signs. It's noted that the claimant has failed care including chiropractic measures, acupuncture, anti-inflammatory agents and prior corticosteroid injection. A subacromial decompression was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION: Upheld

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

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

Decision rationale: Based on the California ACOEM Guidelines, the request for right shoulder arthroscopy with subacromial decompression is not recommended as medically necessary. The records in this case document that the imaging study is greater than a year and a half old, and only identified degenerative findings to the AC joint. Therefore, the imaging results are not consistent with an impingement process in the shoulder to support the need for surgical intervention. The lack of imaging findings to support the proposed surgery would fail to necessitate the request for the surgical procedure.