

Case Number:	CM13-0057820		
Date Assigned:	01/03/2014	Date of Injury:	02/27/2012
Decision Date:	04/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 Surgeon, 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 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 patient is a 57-year-old male who reported an injury on 02/27/2012. The patient reportedly felt a cracking sensation in the right upper extremity while reaching around his back. The patient is currently diagnosed with right shoulder impingement. The patient has reportedly undergone an open reduction and internal fixation (ORIF) of the right shoulder followed by immobilization and postoperative physical therapy. The patient was placed at maximum medical improvement with a 2% whole person impairment rating on 05/16/2012 by [REDACTED]. The patient was recently seen by [REDACTED] on 12/10/2013. The patient reported ongoing pain to the right shoulder with activity limitation. Physical examination revealed 150 degree forward flexion and abduction, positive impingement sign, and specific tenderness over the insertion site of the supraspinatus tendon. The treatment recommendations included an arthroscopic subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and have clear clinical and imaging evidence of a lesion. As per the documentation submitted for review, the patient's MRI (magnetic resonance imaging) report of 12/05/2013 was not provided for review. Although it is stated that the patient has been treated with a corticosteroid injection, there is no evidence of a temporary relief of symptoms following the injection. There was no evidence of a previous course of physical therapy. Additionally noted, the patient was issued authorization for a subacromial decompression in 11/2013. The medical necessity for the additional request for acromioplasty with arcromionectomy and coracoacromial ligament release has not been established. Based on the clinical information received, the request is non-certified.