

Case Number:	CM13-0058376		
Date Assigned:	03/03/2014	Date of Injury:	08/29/2012
Decision Date:	05/23/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 Pennsylvania. 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 61-year-old gentleman who injured the left shoulder on 08/29/12. The clinical records provided for review include a 03/24/14 orthopedic follow up with [REDACTED] noting left shoulder complaints. Conservative measures including Ibuprofen provided short term relief. Physical examination showed restricted motion with internal and external rotation, positive impingement findings and good overall strength. The claimant was diagnosed with tendinosis and impingement. Recommendations, based on failed conservative care that included physical therapy, two prior corticosteroid injections, home exercises, activity modifications and work restrictions, was for a left shoulder arthroscopy with subacromial decompression, distal clavicle excision and possible rotator cuff repair procedure. Documentation of the exam findings on October 9, 2013 noted 4+/5 resisted external rotation with positive impingement testing, +2 pain at the AC joint and plain film radiographs that were noted to be negative. The treating provider documented that the claimant was unable to undergo an MRI but did have an ultrasound that showed no evidence of rotator cuff pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

SX LEFT SHOULDER ARTHROSCOPY WITH SUBACROMIAL DECOMPRESSION, RESECTION OF THE DISTAL CLAVICLE AND POSSIBLE ROTATOR CUFF REPAIR: 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.

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the proposed left shoulder arthroscopy, subacromial decompression, distal clavicle excision, and rotator cuff repair would not be indicated. The medical records provided for review do not include any imaging reports to determine the extent of shoulder pathology of the rotator cuff or AC joint degenerative change to support the surgery as outlined. The only imaging reports for review are negative plain film radiographs and an ultrasound for which the treating provider indicates showed no rotator cuff pathology. In the absence of documentation of a surgical lesion on imaging the specific request for surgery to include a decompression, distal clavicle excision and rotator cuff repair would not be indicated.