

Case Number:	CM13-0065488		
Date Assigned:	01/03/2014	Date of Injury:	08/21/2012
Decision Date:	05/27/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 Physician Reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant is a 42-year-old gentleman who was injured on August 21, 2012 sustaining injury to the right shoulder. An MRI of the right shoulder from August 21, 2013 showed mild impingement with edema of the rotator cuff and no full thickness findings. The October 15th follow-up visit indicated a diagnosis of right shoulder impingement with examination showing tenderness to palpation, positive Hawkins and impingement testing with diminished range of motion with flexion and extension. It states at that time that the claimant had been treated conservatively with medication management, corticosteroid injection and activity restrictions. Based on failed conservative care, surgical arthroscopy with subacromial decompression was recommended for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER ARTHROSCOPY/SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Based on California ACOEM Guidelines, shoulder arthroscopy with decompression would not be indicated. The California MTUS guidelines state, "Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery." Records in this employee's course of care indicates treatment for both cervical, shoulder and low back complaints with no documentation of formal physical therapy for the shoulder and clinical imaging demonstrating "mild impingement". A lack of formal documentation of three to six months of conservative measures for a diagnosis of impingement to include therapy and corticosteroid injections would fail to support the acute need of a shoulder arthroscopy.