

Case Number:	CM13-0066982		
Date Assigned:	01/03/2014	Date of Injury:	08/06/2012
Decision Date:	05/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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:

This claimant suffered an industrial injury on 8/6/12. An exam note from 10/16/13 demonstrates complaints of right shoulder pain. Exam results demonstrate tenderness over the biceps tendon. Acromioclavicular joint was tender to palpation. Active abduction was 150 degrees with flexion of 150 degrees. External rotation 80 degrees and internal rotation was lower lumbar spine. An MRI from 10/5/12 demonstrates mild subacromial bursitis and no evidence of rotator cuff tear or other significant abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION AND MUMFORD PROCEDURE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) pages 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Shoulder, Surgery, Acromioplasty.

Decision rationale: According to the ACOEM and ODG criteria, surgery for impingement syndrome or AC joint pathology is considered after failure of 3-6 months of conservative care and there is positive evidence of impingement. In addition a diagnostic anesthetic injection is recommended. In this case the exam note from 10/16/13 does not demonstrate failure of conservative treatment or prior benefit from subacromial or AC joint injection. In addition the MRI from 10/5/12 does not demonstrate significant pathology to satisfy the stated Guidelines above. Therefore the request is not medically necessary and appropriate.