

Case Number:	CM14-0000865		
Date Assigned:	01/17/2014	Date of Injury:	10/13/2011
Decision Date:	04/28/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 patient is an employee of [REDACTED] Inc. and has filed a claim for adhesive capsulitis of the shoulder associated with an industrial injury date of October 13, 2011. Utilization review from December 20, 2013 denied the request for right shoulder arthroscopic subacromial decompression due to no imaging report to confirm surgical pathology and no documented maximal conservative treatment. Treatment to date has included medications and steroid injection to the shoulder. Medical records from 2013 were reviewed showing the patient injuring her right shoulder which has been treated with medications and a steroid injection to no significant relief. Electrodiagnostics were normal. MRI was noted in the November 2013 progress note showing moderate to severe distal supraspinatus tendinopathy without focal tear and normal labrum. The complaints affect the patient's activities of daily living which includes light household duties, shopping for groceries, grooming, and cooking. The pain is noted to be at 8/10. Objectively, the patient exhibited positive impingement signs and decreased range of motion for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SUBBROMIAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 209-210.

Decision rationale: As stated in pages 209-210 of the California MTUS ACOEM Shoulder Complaints Chapter, subacromial decompression may be considered reasonable and necessary if there is activity limitation for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair. In this case, there was no documentation of the patient undergoing a physical therapy program; conservative therapy modalities have not been exhausted. An official MRI report was not included in the documentation. Therefore, the request for right shoulder arthroscopic subacromial decompression is not medically necessary.