

Case Number:	CM14-0001824		
Date Assigned:	06/11/2014	Date of Injury:	04/09/2012
Decision Date:	07/25/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery, and is licensed to practice in California and Utah. 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 injured worker is a 39-year-old female who reported an injury on 04/09/2012. The mechanism of injury involved a fall. The current diagnoses include status post right carpal tunnel release, bilateral carpal tunnel syndrome, left shoulder tendinitis, right shoulder tendinitis with acromioclavicular arthritis, right middle finger sprain, cervical disc rupture, closed head injury, and cervical strain with radicular complaints. The injured worker was evaluated on 11/13/2013. Physical examination revealed tenderness over the right acromioclavicular joint, limited range of motion of the right shoulder, and positive Neer's and Hawkins' testing. The treatment recommendations, at that time, included authorization for a right shoulder arthroscopic surgery. It was noted that the injured worker has received conservative treatment in the form of physical therapy, medication, and a cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with acromioplasty, possible Mumford procedure and possible rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than four months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted for review, the injured worker's physical examination does reveal tenderness at the acromioclavicular joint, limited range of motion, and positive Neer's and Hawkins' testing. It is also noted that the injured worker has been previously treated with physical therapy, a cortisone injection, and medications. However, there were no official imaging studies provided for this review. The California MTUS/ACOEM guidelines criteria is not met. As such, the request is non-certified.