

Case Number:	CM14-0002418		
Date Assigned:	01/24/2014	Date of Injury:	01/07/2013
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 injured worker is a 46-year-old female who reported an injury on 01/07/2013. The mechanism of injury was not stated. Current diagnoses include sprain/strain of the shoulder and rotator cuff syndrome. The claimant reported persistent right shoulder pain during the evaluation dated 07/26/2013. Previous conservative treatment was not mentioned. Physical examination revealed diminished grip strength. Treatment recommendations at that time included possible arthroscopic surgical treatment with decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT SHOULDER ARTHROSCOPY: 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 Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence indicating a lesion. As per the documentation

submitted, physical examination date only revealed diminished grip strength. There was no objective evidence of a deficit in the rotator cuff, or impingement syndrome. There was no imaging studies provided for review. There was also no mention of an attempt at conservative treatment prior to the request for a surgical procedure. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request for one right shoulder arthroscopy is not medically necessary and appropriate.

SUBACROMIAL DECOMPRESSION: 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 Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence indicating a lesion. As per the documentation submitted, physical examination date only revealed diminished grip strength. There was no objective evidence of a deficit in the rotator cuff, or impingement syndrome. There was no imaging studies provided for review. There was also no mention of an attempt at conservative treatment prior to the request for a surgical procedure. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request for subacromial decompression is not medically necessary and appropriate.

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 Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence indicating a lesion. As per the documentation submitted, physical examination date only revealed diminished grip strength. There was no objective evidence of a deficit in the rotator cuff, or impingement syndrome. There was no imaging studies provided for review. There was also no mention of an attempt at conservative treatment prior to the request for a surgical procedure. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request for rotator cuff repair is not medically necessary and appropriate.

BICEP TENODESIS: 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 Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence indicating a lesion. As per the documentation submitted, physical examination date only revealed diminished grip strength. There was no objective evidence of a deficit in the rotator cuff, or impingement syndrome. There was no imaging studies provided for review. There was also no mention of an attempt at conservative treatment prior to the request for a surgical procedure. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request for bicep tenodesis is not medically necessary and appropriate.

CHONDROPLASTY: 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 Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence indicating a lesion. As per the documentation submitted, physical examination date only revealed diminished grip strength. There was no objective evidence of a deficit in the rotator cuff, or impingement syndrome. There was no imaging studies provided for review. There was also no mention of an attempt at conservative treatment prior to the request for a surgical procedure. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request for Chondroplasty is not medically necessary and appropriate.