

Case Number:	CM14-0003619		
Date Assigned:	04/04/2014	Date of Injury:	11/16/2012
Decision Date:	05/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 claimant, a 49-year-old female, sustained an injury to the left shoulder in a work related accident on November 16, 2012. The records provided for review included a March 25, 2014 left shoulder second opinion examination that documented the claimant was injured while performing repetitive work. The report described pain with overhead activities and to the anterior aspect of the shoulder with some weakness. Physical exam showed full passive range of motion with positive impingement, relocation and apprehension testing. The shoulder was noted, otherwise, to be stable. Radiographs showed AC joint arthrosis with an MRI scan demonstrating moderate to severe tendinosis to the left shoulder with infra and supraspinatus inflammation, degenerative changes to the labrum, tendinosis to the long head of the biceps, with no other specific findings. Surgical recommendation based on the claimant's clinical picture and failed conservative care was for a SLAP (superior labrum anterior and posterior) repair, biceps tenotomy, and distal clavicle resection. Specific forms of conservative care and physical findings specifically to the AC joint were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY, DISTAL CLAVICLE RESECTION AND BICEPS TENOTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Section.

Decision rationale: Based on the Shoulder Complaints Chapter of the ACOEM Practice Guidelines and supported by Official Disability Guidelines, the request for surgery to include left shoulder arthroscopy, biceps tenotomy and distal clavicle resection would not be indicated. The claimant's clinical picture indicates continued complaints of pain. However, specific conservative measures directed at the claimant's symptoms were not noted. There is currently no documentation that the claimant received previous corticosteroid injections or evidence of physical examination findings indicative of AC joint findings that would support the request for a distal clavicle excision. The request for left shoulder arthroscopy, distal clavicle resection and biceps tenotomy, is not medically necessary or appropriate.

POST-OP LEFT SHOULDER PHYSICAL THERAPY TIMES 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.