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| Case Number: | CM14-0005759 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 11/06/2012 |
| Decision Date: | 06/23/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 52-year-old male who reported an injury on November 6, 2012. The mechanism of injury was not stated. The current diagnosis is status post left knee arthroscopy. The injured worker was evaluated on November 15, 2013. The injured worker was 3 weeks status post left knee arthroscopy. Physical examination of the bilateral upper extremities revealed full range of motion of the bilateral shoulders, 5/5 motor strength, intact sensation, 2+ deep tendon reflexes, and positive Neer's sign in the left shoulder. Treatment recommendations at that time included a left shoulder arthroscopy. It is noted that the injured worker underwent an MRI of the left shoulder on February 28, 2013, which indicated a SLAP deformity representing a tear of the glenoid labrum, fluid in the glenohumeral joint space, fluid in the subdeltoid space, and mild impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9, PAGES 211 & 560.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004),
SHOULDER COMPLAINTS. IN. HARRIS J (ED), OCCUPATIONAL MEDICINE
PRACTICE GUIDELINES, 2ND EDITION (2004), 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for injured workers who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength around the shoulder after exercise programs, and clear clinical and imaging evidence of a lesion. As per the documentation submitted, the injured worker only demonstrated a positive Neer's sign in the left shoulder. The injured worker demonstrated full range of motion with 5/5 strength and intact sensation. There is no mention of an attempt at conservative treatment prior to the request for a surgical procedure. The request is not medically necessary.