

Case Number:	CM14-0007370		
Date Assigned:	02/07/2014	Date of Injury:	08/31/2013
Decision Date:	06/23/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 Sports Medicine, and is licensed to practice in Pennsylvania. 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 51-year-old gentleman, who injured the left shoulder in a work related accident on 08/31/13. The report of a left shoulder MRI dated 11/19/13 identified a signal abnormality to the left distal supraspinatus tendon with grade II to III strain and partial thickness tendon tearing but no full thickness pathology. There was capsular hypertrophy with acromioclavicular joint degenerative change. The follow-up visit of December 2, 2013 documented examination of 4/5 strength with shoulder abduction and flexion, equivocal impingement testing and no ligamentous laxity. Range of motion was full and unrestricted. Working assessment was impingement syndrome with partial thickness rotator cuff tearing. A Corticosteroid injection was declined. The recommendation for a left shoulder arthroscopy with subacromial decompression was made. The records provided for review did not identify any other forms of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: The request for right shoulder arthroscopy cannot be recommended as the correct surgical request is for left shoulder arthroscopy. Based on California ACOEM Guidelines, the request for left shoulder arthroscopy also would not be indicated. At the time of the surgical recommendation the claimant was less than four months from the date of injury. The records provided for review do not identify the types of conservative treatment including corticosteroid injections that the claimant has received. The report of clinical imaging demonstrated only partial thickness rotator cuff tearing. ACOEM Guidelines recommend that conservative care including injection therapy be carried out for at least three to six months before considering surgery. Therefore, the shoulder arthroscopy cannot be recommended as medically necessary.