

Case Number:	CM14-0009223		
Date Assigned:	02/14/2014	Date of Injury:	12/06/2002
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Hand 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 is a 59-year-old gentleman who sustained an injury to the right shoulder in a work related slip and fall accident on December 6, 2002. The report of the November 25, 2013 evaluation noted continued complaints of pain in the right shoulder. Physical examination findings were documented as 160 degrees of forward flexion and abduction. The report of an MRI report from June 4, 2013 identified an intrasubstance tear of the supraspinatus with erosion of the greater trochanter of the humerus. The plan at that time was for right shoulder arthroscopy with subacromial decompression, debridement and distal clavicle excision. He medical records provided for review did not include documentation of other treatment for the shoulder or additional imaging reports pertaining to the claimant's shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPY, SAD (SUBACROMIAL DECOMPRESSION), DEBRIDEMENT, CA (CORACOACROMIAL) LIGAMENT RELEASE: 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)

Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Partial claviclectomy (Mumford procedure).

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right shoulder arthroscopy, a CA ligament release and subacromial decompression would not be indicated. The claimant has chronic complaints of pain in the shoulder with no documentation of recent conservative treatment including injection therapy. Regarding the recommendation for surgery for impingement, ACOEM Guidelines would support the surgery if there was documentation of three to six months of conservative care including injections in the records for review. There is no documentation to confirm three to six months of conservative treatment. Furthermore, there is no documentation of imaging findings of the acromioclavicular joint to support the role of a CA ligament release. The claimant's objective findings on examination also fail to demonstrate AC joint findings on examination to support the surgery as requested.