

Case Number:	CM14-0101457		
Date Assigned:	07/30/2014	Date of Injury:	06/14/2011
Decision Date:	09/17/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 58-year-old female who reported an injury on 06/14/2011 after she struck the corner of a metal box. The current diagnoses include bilateral shoulder pain, cervical sprain, complaints of pain in the right lower extremity, head contusion, left carpal tunnel syndrome, left rotator cuff tendinitis with acromioclavicular arthritis, migraine type headaches, and right shoulder rotator cuff tendinitis with glenohumeral arthritis. The injured worker was evaluated on 05/20/2014 with complaints of headaches, depression, and sleep disruption. The injured worker also reported severe right shoulder pain and ongoing swelling in the right hand. It is noted that an EMG/NCV study of the right upper extremity revealed normal findings. The physical examination revealed tenderness to palpation of the bilateral shoulders, 40 degree active flexion, 45 degree active abduction, positive impingement signs on the right, and tenderness to palpation of the right hand with mild swelling of the fingers. Treatment recommendations at that time included a right shoulder arthroscopy. It is noted that the injured worker has failed conservative treatment in the form of a shoulder injection. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy with acromioplasty, pass Mumford procedure, and poss RTC repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 of a lesion. As per the documentation submitted, the injured worker's physical examination does reveal tenderness to palpation, limited range of motion, and positive impingement testing. However, there is no documentation of a failure to increase range of motion and strength after exercise programs. There were also no imaging studies provided for this review. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.