

Case Number:	CM14-0108543		
Date Assigned:	08/01/2014	Date of Injury:	05/28/2008
Decision Date:	09/12/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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:

This is a 43-year-old female who injured her left shoulder on 05/28/08. The records provided for review include a 02/16/14 progress report documenting that the claimant is status post shoulder arthroscopy, subacromial decompression, bicep tenotomy and distal clavicle excision and has current complaints of pain. The date of the claimant's surgery was not noted. Physical examination revealed restricted motion to 100 degrees of flexion and positive diffuse tenderness. There is no documentation of recent imaging reports for review. The report documents a current diagnosis of continued impingement and bicipital tenderness, the recommendation for shoulder arthroscopy, revision subacromial decompression, bicep tendon release and Mumford procedure was made. There was also no documentation of recent conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopic Subacromial Decompression, Biceps tendon release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for left shoulder arthroscopic subacromial decompression,

biceps tendon release cannot be recommended as medically necessary. The documentation indicates that the claimant continues to have pain complaints but the records do not contain any imaging studies or documentation of conservative care that would support the need for further surgery. The medical records document that the claimant has already undergone a subacromial decompression, bicep tenotomy and distal clavicle excision. Without formal documentation of postoperative imaging or documentation of six months of conservative care, the proposed surgery cannot be supported. Therefore, this request is not medically necessary.