

Case Number:	CM14-0109527		
Date Assigned:	08/01/2014	Date of Injury:	08/23/2007
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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:

The claimant is a 54-year-old female who sustained a vocational injury on August 23, 2007. The claimant's current working diagnoses include cervical spine bulges, thoracic spine strain, status post right shoulder surgery, status post left shoulder surgery, right elbow strain and right carpal tunnel syndrome. The right shoulder surgery - an arthroscopic decompression - was performed on August 11, 2012. The records state that the claimant has residual impingement syndrome. The report of plain film radiographs taken of the right shoulder on May 6, 2014, showed surgical changes without bony abnormality. Physical examination findings from June 3, 2014 noted that the claimant's light touch sensation into the right lateral shoulder, right index tip, right dorsal web space and right small tip was noted to be intact. A July 8, 2014, clinical report noted that no new numbness or tingling was present. The claimant reported neck, upper back, right shoulder/arm, left shoulder, right elbow/forearm and right wrist/hand pain. Physical examination findings from that date were documented in a handwritten note and not clearly discernible. The records referenced no conservative treatment. This request is for right shoulder scope, subacromial decompression and rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder scope, subacromial decompression, rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: California MTUS ACOEM Guidelines would not support right shoulder arthroscopy, subacromial decompression and rotator cuff repair in this case. ACOEM Guidelines recommend surgical repair for claimants with similar clinical presentation when imaging studies show clear evidence of pathology that is amenable to operative intervention and when a trial of conservative care has failed. This claimant's records do not reference abnormal objective findings or findings on diagnostic scan for which surgical repair would be indicated. In addition, there is no documentation of attempted, failed or exhausted traditional, first-line conservative care. This request does not meet ACOEM Guidelines and, therefore, the request is not medically necessary.