

Case Number:	CM14-0012248		
Date Assigned:	02/26/2014	Date of Injury:	04/11/2012
Decision Date:	07/09/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 29-year-old female who reported an injury on 04/11/2012 after she was attempting to transfer a patient who fell and pulled on her shoulder. The injured worker's treatment history included physical therapy, corticosteroid injection, and medications. The injured worker's medications included Mobic, Norco, Celebrex, and medical marijuana. The patient was evaluated on 11/20/2013. It was noted that the injured worker had tenderness to the right acromioclavicular joint and biceps. The patient's range of motion was described as 160 degrees forward flexion, 150 degrees abduction, 50 degrees external rotation, and internal rotation to the thoracolumbar spine. The injured worker had a positive Hawkins' sign, Neer's test, O'Brien's test, biceps compression test, and cross body acromioclavicular compression test. Surgical intervention was recommended. A request was made for a right shoulder subacromial decompression, acromioclavicular resection, and biceps tenodesis on 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ARTHROSCOPIC SUBACROMIAL DECOMPRESSION, ACROMIOCLAVICULAR RESECTION WITH BICEPS TENODESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter, Partial claviclectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 210-211.

Decision rationale: The MTUS/ACOEM Guidelines recommend surgical intervention for the shoulder be supported by documentation of significantly limited function with a lesion appropriately identified on an imaging study that has failed to respond to at least three to six (3 to 6) months of conservative treatment. The clinical documentation submitted for review does not include an independent report of an MRI to support the injured worker's physical findings. Additionally, the clinical documentation fails to provide any evidence of recent conservative treatment that has failed to resolve the injured worker's symptoms. In the absence of this information, the request would not be supported by guideline recommendations in this clinical situation. As such, the requested right shoulder arthroscopic subacromial decompression, acromioclavicular resection with biceps tenodesis is not medically necessary or appropriate.