

Case Number:	CM14-0115545		
Date Assigned:	08/04/2014	Date of Injury:	05/23/2006
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 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 70-year-old male who reported an injury on 05/23/2006 after reportedly sustaining a strain to the shoulder due to an unknown mechanism of injury. The injured worker's treatment history included 3 surgical interventions, postoperative physical therapy and multiple medications. An evaluation on 06/10/2014 it was noted that the injured worker had persistent pain complaints of the right shoulder. Physical findings included restricted range of motion described as 20 degrees in forward flexion, 30 degrees in external rotation and 30 degrees in internal rotation. The injured worker did not have any acromioclavicular joint tenderness; however, there was pain and weakness with supraspinatus testing. It was noted that the injured worker had an x-ray that revealed mild to moderate arthritic changes with spurring in the glenohumeral joint. A request was made for right shoulder surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder debridement , scope lysis of adhesions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-212.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints. pages 209-212. The Expert Reviewer's decision rationale: The requested right shoulder debridement, scope lysis of adhesions is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends, "Surgical intervention for shoulder injuries be supported by clear clinical examination findings of deficits corroborated by pathology identified on an imaging study that has failed to respond conservative treatments." The clinical documentation submitted for review does indicate that the injured worker previously underwent surgical intervention followed by postsurgical care. However, it is noted that this is an acute exacerbation of the injured worker's chronic injury. There is no documentation that the injured worker has received any type of conservative treatment for this acute exacerbation. Furthermore, the clinical documentation submitted for review did not provide an imaging study or independent report of an imaging study to support the need for surgical intervention. As such, the requested right shoulder debridement, scope lysis of adhesions is not medically necessary or appropriate.