

Case Number:	CM14-0117897		
Date Assigned:	08/08/2014	Date of Injury:	02/11/2012
Decision Date:	09/23/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/28/2014

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 41-year-old who injured her leg while cleaning a floor on February 11, 2012. The records provided for review are specific to the claimant's right shoulder and include the report of an MRI dated July 29, 2013 that showed a type II acromion with mild rotator cuff tendinosis and acromioclavicular joint hypertrophy. There was no documentation of labral or full thickness rotator cuff tearing. The clinical assessment dated June 6, 2014 noted complaints of pain in the shoulder. Examination showed no change in the claimant's range of motion, pain with resisted elevation, abduction, and internal rotation. There was positive impingement testing, but no instability. Positive cross arm testing was noted. Based on failed conservative care, the recommendation was made for decompression with a Mumford procedure. The prior medical records document that conservative treatment for the shoulder has included antiinflammatory agents but no formal documentation of recent physical therapy or injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder arthroscopy/surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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

Decision rationale: Based on the Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, the request for shoulder arthroscopy/surgery would not be indicated. The MRI report documents the presence of mild inflammatory findings of the rotator cuff and acromioclavicular joint. When these findings are coupled with the claimant's lack of documentation of conservative care, this individual would fail to meet ACOEM Guideline criteria that recommend six months of conservative measures including physical therapy and injection therapy before proceeding with operative intervention. Therefore, the request for a shoulder arthroscopy/surgery is not medically necessary or appropriate.