

Case Number:	CM14-0119220		
Date Assigned:	08/06/2014	Date of Injury:	07/28/2008
Decision Date:	09/11/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/29/2014

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:

59-year-old claimant with reported industrial injury of 7/28/08. Agreed medical exam from 4/12/10 demonstrates right shoulder abduction to 160 degrees, adduction to 30 degrees, flexion to 160 degrees, extension to 40 degrees, internal rotation to 60 degrees and external rotation to 80 degrees. Mild tenderness of right anterior deltoid and mild to moderate tenderness of the right subacromial space and right bicipital groove is noted. Impingement testing was noted to be positive. Diagnostic impression was impingement syndrome of the right shoulder, and rule out rotator cuff tearing. MRI of the right shoulder on 2/4/11 demonstrated only minimal acromioclavicular joint osteoarthritis. Exam note from 6/16/14 includes recommendation for subacromial decompressive surgery. Patient reported night pain with a painful arc of motion from 90-130 with positive impingement testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Arthroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, acromioplasty.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is present in the submitted clinical information from 6/16/14. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection, which is not present in the records. In this case the exam note from 6/16/14 does not demonstrate evidence satisfying all the above criteria. In addition the MRI of the shoulder on 2/4/11 does not demonstrate a surgical lesion. Therefore the determination is for not medically necessary.