

Case Number:	CM14-0129175		
Date Assigned:	08/18/2014	Date of Injury:	08/20/2012
Decision Date:	12/30/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 Pennsylvania. 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 female who sustained a vocational injury on August 20, 2012 as a result of repetitive and continuous trauma. The office note dated June 25, 2014 noted complaints of bilateral shoulder pain. Examination of the left shoulder demonstrated decreased and painful range of motion of 170 degrees of flexion, 40 degrees of extension, 175 degrees of abduction, 35 degrees of adduction, 75 degrees of internal rotation and external rotation to 85 degrees. There was tenderness to palpation of the anterior, posterior, and lateral aspect of the left shoulder. The claimant had positive Speed's and Neer testing. There were no abnormal physical exam objective findings reported for the right shoulder. Left shoulder injection was provided. This request is for bilateral shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210..

Decision rationale: California ACOEM Guidelines recommend that there should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. ACOEM recommends activity limitation for more than four months plus the existence of a surgical lesion before consideration for surgery. The documentation provide for review lacks recent subjective complaints or abnormal physical examination findings of right shoulder pathology and problems. There is a lack of documentation that the claimant has attempted, failed and exhausted continuous conservative treatment for a period of four months prior to recommending and considering surgical intervention for both bilateral shoulders. There is a lack of recent diagnostic studies available for review confirming pathology which may be amenable to surgical intervention in both the short and long term. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the bilateral shoulder arthroscopies cannot be considered medically necessary.