

Case Number:	CM14-0133363		
Date Assigned:	08/22/2014	Date of Injury:	11/07/2001
Decision Date:	10/01/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 has a subspecialty in Orthopedic Sports Medicine 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 58 year old female who reported an injury to her right shoulder. The clinical note dated 01/10/14 indicates the injured worker continuing with right shoulder pain. Upon exam no strength deficits were identified throughout the left shoulder. The clinical note dated 01/28/14 indicates the injured worker utilizing MS Contin, Percocet, Lidoderm and Flexeril for pain relief. The clinical note dated 02/25/14 indicates the injured worker having previously undergone bilateral shoulder arthroscopies. The injured worker was also identified as having a significant past surgical history involving removal of cervical hardware and a lumbar spine surgery in 2012. The clinical note dated 03/24/14 indicates the injured worker continuing with upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder arthroscopy with acromioplasty, possible Mumford Procedure and possible Rotator Cuff Repair: Upheld

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

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

Decision rationale: The request for right shoulder arthroscopy with acromioplasty, possible Mumford procedure and possible rotator cuff repair is not medically necessary. The documentation indicates the injured worker complaining of pain at several sites most notably the right shoulder. A rotator cuff repair and acromioplasty are indicated for injured workers who have imaging studies confirming the injured worker's significant pathology and have completed a full course of conservative therapy. No information was submitted regarding the injured worker's completion of any conservative treatment addressing the right shoulder complaints. Additionally, no imaging studies were submitted for review confirming the injured worker's pathology at the right shoulder likely to benefit from a surgical procedure. Given these factors, the request is not indicated as medically necessary.