

Case Number:	CM14-0135437		
Date Assigned:	09/30/2014	Date of Injury:	10/24/2011
Decision Date:	11/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/19/2014

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:

This is a 51-year-old gentleman who injured his right shoulder in a work-related accident on 10/24/11. The clinical records provided for review included the clinical assessment dated 07/02/14 describing continued neck and upper/low back complaints as well as bilateral shoulder, elbow, wrist, hip, knee, and ankle pain. The assessment documented that the claimant's clinical presentation was unchanged from previous assessments. Specific to the claimant's right shoulder, there were no acute findings or physical examination findings documented. There were also no clinical findings with regard to the claimant's neck, knees, or low back documented. Specific to the claimant's cervical spine, the clinical records documented that electrodiagnostic studies dated 11/15/11 showed carpal tunnel syndrome but no evidence of cervical radiculopathy. There is no documentation regarding prior imaging of the neck identifying compressive pathology. Prior imaging with regard to the claimant's lumbar spine included the report of an MRI from January 2012, showing chronic degenerative changes at L3-4 and L4-5, a central disc protrusion at L4-5 and no documentation of compressive pathology. Treatment to the back has included prior epidural steroid injections. At the time of the assessment, there were multiple orthopedic requests to include right shoulder surgery and orthopedic consultation for the right shoulder, orthopedic consultation for the neck and upper/lower back, and a cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder 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): 207-208.

Decision rationale: California ACOEM Guidelines do not support the request for right shoulder surgery. The records currently fail to demonstrate any evidence of imaging or physical examination findings of the right shoulder. Without clinical evidence to identify the pathology to be addressed by surgery or the specific procedure to be performed for a specific diagnosis, the acute need of an operative procedure would not be supported. Therefore, the request is not medically necessary at this time.