

Case Number:	CM14-0136982		
Date Assigned:	09/05/2014	Date of Injury:	01/27/1995
Decision Date:	09/25/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Surgeon and is licensed to practice in New York. 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 patient has chronic shoulder pain. The patient has had physical therapy and medications and continues to have shoulder pain. The patient has been diagnosed with calcific tendinitis. On physical examination the patient has no swelling and normal strength and tone and sensation in the right arm. There is mild tenderness over the supraspinatus on the right side. There is a positive impingement sign. MRI of the shoulder shows partial rotator cuff tear. At issue is whether surgical intervention is medically necessary in the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extensive debridement of Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd.; Section: Musculoskeletal Disorders; Condition: Shoulder Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder and elbow chapter.

Decision rationale: The medical records do not indicate that this patient has had an adequate trial and failure of conservative measures for shoulder pain. Specifically the medical records do not indicate that the patient has had a subacromial injection. Criteria for rotator cuff surgery not

met. Criteria for shoulder decompressive surgery not met. Specifically the patient has not exhausted conservative measures. There is no documentation of a subacromial shoulder injection.