

Case Number:	CM14-0138507		
Date Assigned:	09/05/2014	Date of Injury:	04/05/2013
Decision Date:	10/03/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/27/2014

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 56-year-old gentleman who sustained injuries to the bilateral shoulders, lumbar spine and cervical spine on April 5, 2013. The medical records provided for review specific to the claimant's right shoulder include the report of an MRI dated July 26, 2013 identifying tendinosis of the distal supraspinatus with partial under-surface tearing but no full thickness pathology. There were degenerative changes of the acromioclavicular joint and inflammatory changes of the long head of the biceps tendon. The report of the follow up examination on June 30, 2014, documented that the claimant received a subacromial injection to the right shoulder that provided some symptomatic relief, but the claimant continued to be symptomatic. The documentation indicates failed care has included physical therapy, activity restrictions, and medication management. Physical examination revealed tenderness of the glenohumeral region and acromioclavicular joint, positive Neer and Hawkins testing, restricted range of motion and mild weakness with end points of movement. The recommendation was made for right shoulder arthroscopy with subacromial decompression, Mumford resection and possible rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy with subacromial arch decompression, Mumford resection and possible rotator cuff repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210, 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Partial claviclectomy (Mumford procedure) ODG Indications for Surgery -- Partial claviclectomy

Decision rationale: Based on the California ACOEM Guidelines, the request for right shoulder arthroscopy with subacromial arch decompression, Mumford resection and possible rotator cuff repair is recommended as medically necessary. The medical records show that the claimant has failed more than six months of conservative care and has an MRI scan that demonstrates high grade partial thickness tearing and inflammation. There are concordant findings of acromioclavicular joint degenerative change in symptoms on examination. Given the extent of the failed conservative measures including injection therapy, the proposed surgery for the claimant would be recommended and in accordance with ACOEM Guidelines.