

Case Number:	CM14-0023696		
Date Assigned:	06/11/2014	Date of Injury:	08/01/2011
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/25/2014

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 and Hand Surgery 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 39-year-old female who reported an injury on 08/10/2011. The mechanism of injury was not specifically stated. Current diagnoses include right shoulder acromioclavicular joint degeneration with superior migration of the distal clavical, and right shoulder rotator cuff synovitis. The injured worker was evaluated on 08/06/2013. The injured worker reported persistent pain in the right shoulder with activity limitation. Physical examination of the right shoulder revealed moderate swelling around the acromioclavicular joint, tenderness over the acromioclavicular joint and anterior rotator cuff, 0 to 160 degree flexion, 0 to 150 degree abduction, 0 to 60 degree external rotation, 4/5 external rotation strength, and positive cross body testing. Treatment recommendations included a right shoulder arthroscopy with open AC resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP DEBRIDEMENT OF THE RIGHT SHOULDER: 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): 209-210.

Decision rationale: California MTUS Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, a failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. There was no mention of a failure to respond to conservative treatment prior to the request for surgical procedure. There were also no imaging studies provided for review. Based on the clinical information and the California MTUS/ACOEM Practice Guidelines, the request is non-certified.