

Case Number:	CM14-0024285		
Date Assigned:	06/11/2014	Date of Injury:	02/19/2013
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The injured worker is a 35 year old male with industrial injury 2/19/13. Documentation demonstrates mechanism of injury was a slip and fall. Reportedly the claimant has completed 12 sessions of physical therapy. Exam note 2/10/14 demonstrates complaint of left shoulder pain. Report made of MRI of the left shoulder on 4/13/13 however no radiologist report available.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY WITH POSSIBLE DEBRIDEMENT, TORN GLENOID LABRUM BICEPS TENDON RELEASE, REPAIR OF TORN GLENOID LABRUM OR SUPERIOR LABRAL ANTERIOR POSTERIOR (SLAP) LESION REPAIR, OPEN ACROMIOPLASTY, SUBACROMIAL DECOMPRESSION AND DISTAL CLAVICLE EXCISION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: Based upon the CA MTUS shoulder chapter, page 209-210 shoulder arthroscopy is indicated for those patients who have a clear clinical and imaging evidence of

lesion show to benefit in both short and long term from surgical repair. In this case there is no evidence of a formal radiology MRI report from 4/13/13 to warrant the surgical procedure requested. Therefore the request is not medically necessary.