

Case Number:	CM14-0032643		
Date Assigned:	04/30/2014	Date of Injury:	05/12/2012
Decision Date:	07/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Sports Medicine 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:

This is a 56-year-old female injured on 5/12/12 after a slip and fall at work. The records provided for review documented complaints of both right shoulder and right knee pain. In regard to her right shoulder, there is documentation of a prior surgical arthroscopy, subacromial decompression, lysis of adhesions, loose body removal, and rotator cuff repair performed on 12/8/12 but the claimant continues to experience post-operative pain and stiffness. It is documented that recent treatment has included physical therapy, acupuncture, and medication management but has not been beneficial. The report of a post-operative MRI performed on 8/27/13 showed supra- and infraspinatus tendinosis with no full thickness tearing, arthritic changes of the acromioclavicular joint, and a degree of arthrofibrosis. At the follow up office visit on 11/25/13, a formal physical examination of the shoulder was not noted. The last physical examination performed in June 2013 showed abduction to 90 degrees and forward flexion to 110 degrees with tenderness to palpation. The recommendation has been made for a repeat arthroscopy, subacromial decompression, and "intraarticular surgery."

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER REPEAT ARTHROSCOPY, SUBACROMIAL DECOMPRESSION, ACROMIOPLASTY, INTRA-ARTICULAR SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 211.

Decision rationale: This individual has already undergone a subacromial decompression. There is no documentation in the records provided for review that post-operative treatment has included injection therapy. There is also no documentation of imaging findings demonstrating the need for an acute surgical process. The specific request for a repeat or revision arthroscopy with decompression and acromioplasty would not be supported. Therefore, the request is not medically necessary.