

Case Number:	CM14-0034446		
Date Assigned:	06/20/2014	Date of Injury:	06/20/2009
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/19/2014

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:

This is a 38-year-old female who was injured on 6/20/09. The medical records provided for review indicate that the injury involved the right shoulder, the low back, left foot, and knee. There is a request for authorization for treatment on 2/3/14 for a right shoulder arthroscopy with subacromial decompression for the diagnosis of sprain of the shoulder. In looking at the medical records provided, there are no records pertaining to a right shoulder injury, physical examination findings, treatment provided or imaging studies.

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 Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

Decision rationale: Based on California ACOEM Guidelines, the request for right shoulder arthroscopy and subacromial decompression is not recommended as medically necessary. The medical records do not identify any information regarding the claimant's clinical presentation for a right shoulder injury, treatment, physical examination findings, or imaging. The absence of

medical records regarding the claimant's shoulder injury would fail to support the need of shoulder arthroscopy and subacromial decompression at this time. The request is not medically necessary and appropriate.