

Case Number:	CM14-0037003		
Date Assigned:	06/25/2014	Date of Injury:	05/22/2012
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/27/2014

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:

This 43-year-old female sustained an injury to the knee and shoulder on 05/22/12. Specific to the claimant's right shoulder, the records provided for review include a 05/21/14 progress report noting continued shoulder complaints that were noted to have failed conservative care. A physical examination showed positive impingement with a good range of motion but persistent tenderness. The recommendation was made for a shoulder arthroscopy and subacromial decompression. The records provided for review did not include any imaging reports or identify conservative treatment, other than noting that one prior injection dating back to May 2013 provided 40 percent improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Right Shoulder, Arthroscopy with Debridement with SAD, 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): 211.

Decision rationale: Based on California ACOEM Guidelines, the proposed right shoulder arthroscopy with debridement and SAD would not be indicated. The medical records do not contain any imaging reports to identify pathology. One clinical assessment did document that the claimant's previous MRI scan demonstrated no specific pathology. Without documentation of formal imaging demonstrating inflammatory pathology or impingement, the acute request for surgical intervention would not be supported.

Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons - Orthopedic Knowledge Update - OKU 9, Jeffrey S. Fischgrund MD: Editor, Chapter 9 - Perioperative Medical Management page 105-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The proposed right shoulder arthroscopy with debridement and SAD would not be indicated. Therefore, the request for preoperative medical clearance is not medically necessary.

Injection Bicep Interscalene Nerve block: 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: The proposed right shoulder arthroscopy with debridement and SAD would not be indicated. Therefore, the request for any form of anesthesia associated with the procedure is not medically necessary.