

Case Number:	CM14-0042608		
Date Assigned:	06/30/2014	Date of Injury:	03/22/2011
Decision Date:	09/09/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/09/2014

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 claimant is a 35-year-old female who injured her left shoulder on 3/20/11. The medical records provided for review include a progress report of 2/7/14 noting continued complaints of pain in the shoulder with residual weakness. Physical exam showed restricted range of motion at endpoints, positive Neer and Hawkin's testing and weakness with abduction. The report documents that the claimant failed conservative care for a diagnosis of shoulder impingement; specific conservative measures were not documented at that time. There is no documentation of a recent Corticosteroid injectable. Records also do not contain any imaging reports of the shoulder. This request is for shoulder arthroscopy for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Based on the California ACOEM Guidelines the request for left shoulder arthroscopy would not be indicated. This individual carries a diagnosis of impingement for

which ACOEM Guidelines recommend three to six months of conservative care including injection therapy. If surgery for impingement is planned, the medical records do not indicate six months of recent care and do not document conservative measures including an injection. When taking into account that there are no imaging reports for review, the medical records do not support the need for left shoulder arthroscopy.

Post-Op Physical Therapy Left Shoulder 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.